

Medtronic

REIMBURSEMENT GUIDE

CARDIAC IMPLANTABLE ELECTRONIC DEVICE MANAGEMENT SERVICES

Hospital & Physician Coding,
Coverage, and Payment

OVERVIEW

2021
UPDATES

BILLING
CONSIDERATIONS

COVERAGE

CODING

PAYMENT

RESOURCES

January 2021



HOSPITAL & PHYSICIAN REIMBURSEMENT GUIDE CARDIAC IMPLANTABLE ELECTRONIC DEVICE (CIED) MANAGEMENT SERVICES

This guide has been developed to help you understand Medicare coverage, coding, and payment for CIED patient management.

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.

CPT® copyright 2020 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to government use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for the data contained or not contained herein.

Please contact Reimbursement Customer Support for further information:

Website: <http://www.medtronic.com/crhfreimbursement>

Phone: 866-877-4102 (M–F, 8:00 a.m. to 5:00 p.m. CT)

Email: rs.healthcareeconomics@medtronic.com

OVERVIEW

2021
UPDATES

BILLING
CONSIDERATIONS

COVERAGE

CODING

PAYMENT

RESOURCES



TABLE OF CONTENTS

Overview of CIED Management Services	4
2021 Updates for CIED Management Services	5
Billing Considerations for CIED Management Services	6
Coverage for CIED Management Services	8
▪ Traditional Medicare Coverage	8
▪ Medicare Advantage Coverage	8
▪ Non-Medicare Payer Coverage	9
▪ Best Practices for Documentation to Substantiate Coverage	9
Coding for CIED Management Services	10
▪ CPT® Codes	10
▪ CPT Coding Summary for Physician and Outpatient Hospital	16
Payment for CIED Management Services	17
▪ Physician Coding and Payment	17
▪ Hospital Outpatient Payment	23
Resources	28

OVERVIEW

2021
UPDATES

BILLING
CONSIDERATIONS

COVERAGE

CODING

PAYMENT

RESOURCES



OVERVIEW CIED MANAGEMENT SERVICES

Cardiac implantable electronic devices (CIED) require ongoing patient management to maintain and optimize device functionality and inform patient treatment. CIED patient management services may be delivered in person or remotely and include evaluation interrogation and programming services.

The scope of this document is coding, coverage, and payment for patient management services for the following CIED types:

- Pacemakers
- Defibrillators (ICDs)
- Cardiac Resynchronization Therapy (CRT-D & CRT-P)
- Subcutaneous Cardiac Rhythm Monitors (also referred to as implantable loop recorders [ILR] or implantable cardiac monitors [ICM])
- Implantable physiologic cardiac monitors (e.g., Cardiac Compass™)

For patient management of left ventricular assistance devices (LVAD) see the Medtronic Mechanical Circulatory Systems (MCS) Reimbursement Guide located [HERE](#).

OVERVIEW

2021
UPDATES

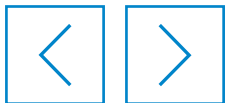
BILLING
CONSIDERATIONS

COVERAGE

CODING

PAYMENT

RESOURCES



2021 UPDATES CIED MANAGEMENT SERVICES

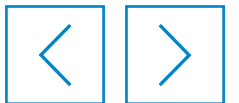
Supervision Requirements Update

- Effective January 1, 2021, CMS permits non-physician practitioners (such as nurse practitioners [NPs] and Physician Assistants [PAs]) to supervise diagnostic tests (including CIED management) ONLY in states where it is allowed by state law and scope of practice. In all other states only a Physician can supervise diagnostic tests.
- Previously, CMS permitted non-physician practitioners to order diagnostic tests (including CIED management) but the regulations did not address whether these practitioners could supervise others who furnished diagnostic tests.

Coding Update

- In late 2020, the American Medical Association (AMA) CPT® Editorial Panel announced approval of a new Category III CPT code to describe remote programming of subcutaneous cardiac rhythm monitors. The new code will be effective July 1, 2021.
- The existence of a Category III CPT code does not guarantee payment. Individual payers will determine payment based upon their own criteria and policies.

Code	Description
0650T	Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional



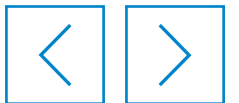
BILLING CONSIDERATIONS FOR CIED MANAGEMENT SERVICES

1. CIED management may be billed and may be paid separately during the global surgical period
 - a. Medicare considers these services to be diagnostic tests. Diagnostic tests are separately billable during the global surgical period.²
2. A written order is required
 - a. Diagnostic tests such as CIED management must be ordered by the practitioner treating the patient who uses the results to treat the patient and recorded in the patient's medical record.³
3. CIED management technical component services have specific supervision requirements
 - a. In-person CIED management services have direct supervision requirements meaning the supervising practitioner must be present in the office suite or hospital setting and immediately available.
 - b. Remote CIED management services have general supervision requirements meaning the supervising practitioner's presence is not required during the performance of the procedure. The supervising practitioner is responsible for training of the personnel doing the work and maintenance of the necessary equipment and supplies.
 - c. Effective January 1, 2021, CMS permits non-physician practitioners (such as nurse practitioners [NPs] and Physician Assistants [PAs]) to supervise diagnostic tests (including CIED management) ONLY in states where it is allowed by state law and scope of practice¹
 - d. Supervision requirements do not apply to professional services
4. The date of service reported is based on the code description. Professional and technical components may have different dates of service⁵
 - a. For professional services, the date of service is the date the physician completes that activity.
 - b. For technical services, the date of service is the date the monitoring concludes.
5. If industry representative provides the technical component of an in-person CIED management service, it is recommended that the practice bill only the professional component using modifier -26 on the professional claim form.⁶



For Remote Monitoring Only

1. Remote CIED management codes represent all remote work that occurs over the monitoring period
 - a. For pacemakers, ICD, and CRT devices, the remote monitoring period is 90 days
 - b. For subcutaneous cardiac rhythm monitors & implantable physiologic cardiac monitors, the remote monitoring period is 30 days
2. Remote CPT® codes are appropriate when the patient is not physically at a healthcare facility to receive the service. In scenarios where a patient receives service at a healthcare facility but the clinician delivering the service is at a separate facility location, remote codes are not appropriate.
3. If a patient receives in person CIED management services while in a remote monitoring period, the billing implications depend on the service
 - a. If patient receives **interrogation** evaluation services during a remote monitoring period, only remote services are billable
 - b. If patient receives **programming** evaluation services during a remote monitoring period, both services are billable



COVERAGE FOR CIED MANAGEMENT SERVICES

Traditional Medicare Coverage

Medicare has a National Coverage Determination (NCD) designating coverage for pacemaker device evaluation (NCD 20 .8 .1 and 20 .8 .1 .1).⁷ The pacemaker device evaluation NCD speaks to routine monitoring, and thus increased monitoring due to symptoms and issues may be acceptable to bill as long as there is documented medical necessity.

There is not currently an NCD for other CIED management services. Some local contractors have local coverage determinations (LCD) that specify the coverage criteria for their specific states. In the absence of a formal coverage policy, the Social Security Act allows for coverage when the local contractors determine it is medically reasonable and necessary.⁸ Traditional Medicare does not require, nor does it provide, prior authorization. It is the provider's responsibility to document "reasonable and necessary."⁹

Medicare Advantage Coverage

Medicare Advantage plans are required to cover at least what is covered by traditional Medicare. Therefore, Medicare coverage policies apply to both traditional Medicare and Medicare Advantage (MA) plans.¹⁰ MA plan administrators may have policies and additional requirements such as prior testing and prior authorization. Medtronic recommends that you review the specific payer coverage policies applicable to your patient to verify all the criteria for coverage are met and/or to request a prior authorization. Asking about coverage or requesting authorization after an implant procedure may result in unpaid claims, leaving both the hospital and the physician without compensation.



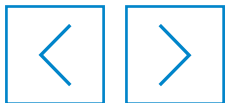
Non-Medicare Payer Coverage

Non-Medicare payers typically determine coverage for procedures based on any applicable medical policies and prior authorization when indicated. Not all published policies apply to all patients covered by a particular payer. Medtronic recommends that you review the specific payer coverage policies applicable to your patient to verify all the criteria for coverage are met and/or to request a prior authorization. Asking about coverage or requesting authorization after an implant procedure may result in unpaid claims, leaving both the hospital and the physician without compensation.

Best Practices for Documentation to Substantiate Coverage

Documentation in the patient's medical record must support the medical necessity of all procedures being performed. Some factors to consider including in that documentation might be:

- CIED management must be ordered by the practitioner treating the patient who uses the results to treat the patient and documented in the patient's medical record.
- Document relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.
- For programming evaluation, parameters tested and the result should be maintained in the medical record.



CODING FOR CIED MANAGEMENT SERVICES

The coding information that follows does 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. All diagnosis and procedure codes must be supported by clear documentation within the medical record.¹¹

CPT® Codes

The following CPT®¹² codes describe procedures associated with in person and remote cardiac device evaluation services for cardiac implantable electronic devices. Services rendered will dictate the appropriate coding. These codes may be used by physicians for all services and may be used by facilities when services are rendered in the outpatient hospital. It is the physician's discretion as to what codes to report based on what procedures were performed.

OVERVIEW

2021
UPDATES

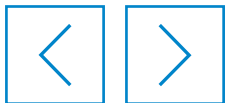
BILLING
CONSIDERATIONS

COVERAGE

CODING

PAYMENT

RESOURCES



CPT® Code ¹²	CPT® Code Description ¹²
Implantable Pacemaker — In Person	
93288	Interrogation device evaluation (in person) with analysis, review, and report by a physician or other qualified healthcare professional, includes connection, recording, and disconnection per patient encounter; single, dual, or multiple lead pacemaker system or leadless pacemaker system (Do not report 93288 in conjunction with 93279-93281, 93286, 93294, 93296)
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber (Do not report 93279 in conjunction with 93286, 93288)
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system (Do not report 93280 in conjunction with 93286, 93288)
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system (Do not report 93281 in conjunction with 93286, 93288)
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system or leadless pacemaker system (Do not report 93286 in conjunction with 93279-93281, 93288, 0408T-0411T, 0414T-0415T)



CPT® Code ¹²	CPT® Code Description ¹²
Implantable Pacemaker — Remote	
93294	<p>Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional</p> <p>(Do not report 93294 in conjunction with 93288, 93293. Report 93294 only once per 90 days. Do not report 93293-93296 if the monitoring period is less than 30 days)</p>
93296	<p>Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results</p> <p>(Do not report 93296 in conjunction with 93288-93289, 93299. Report 93296 only once per 90 days. Do not report 93293-93296 if the monitoring period is less than 30 days)</p>
93293	<p>Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days</p> <p>(Do not report 93293 in conjunction with 93294. For in person evaluation, see 93040, 93041, 93042. Report 93293 only once per 90 days. Do not report 93293-93296 if the monitoring period is less than 30 days)</p>



CPT® Code ¹²	CPT® Code Description ¹²
Implantable Defibrillator — In Person	
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements (For monitoring physiologic cardiovascular data elements derived from an implantable defibrillator, use 93290. Do not report 93289 in conjunction with 93261, 93282-93284, 93287, 93295, 93296)
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system (Do not report 93282 in conjunction with 93260, 93287, 93289, 93745)
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system (Do not report 93283 in conjunction with 93287, 93289)
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system (Do not report 93284 in conjunction with 93287, 93289)
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system (Do not report 93287 in conjunction with 93260-93261, 93282-93284, 93289, 0408T-0411T, 0414T-0415T)



CPT® Code ¹²	CPT® Code Description ¹²
Implantable Defibrillator — Remote	
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional (For remote monitoring of physiologic cardiovascular data elements derived from an ICD, use 93297. Do not report 93295 in conjunction with 93289. Report 93295 only once per 90 days. Do not report 93293-93296 if the monitoring period is less than 30 days)
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results (Do not report 93296 in conjunction with 93288-93289, 93299. Report 93296 only once per 90 days. Do not report 93293-93296 if the monitoring period is less than 30 days)
Implantable Cardiovascular Physiologic Monitor — In Person	
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system , including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors (For heart rhythm derived data elements, use 93289. Do not report 93290 in conjunction with 93297, 93299)



CPT® Code ¹²	CPT® Code Description ¹²
Implantable Cardiovascular Physiologic Monitor — Remote	
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system , including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional (For heart rhythm derived data elements, use 93295) (Do not report 93297 in conjunction with 93264, 93290, 93298, 99091, 99454. Report 93297 only once per 30 days. Do not report 93297-93298, if the monitoring period is less than 10 days)
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
Subcutaneous Cardiac Rhythm Monitor (Includes Loop Recorders) — In Person	
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system (Do not report 93285 in conjunction with 33285, 93279-93284, 93291)
93291	Interrogation device evaluation(s) (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system , including heart rhythm derived data analysis (Do not report 93291 in conjunction with 33285, 93288-93290, 93298)



CPT® Code ¹²	CPT® Code Description ¹²
Subcutaneous Cardiac Rhythm Monitor (Includes Loop Recorders) — Remote	
93298	Interrogation device evaluation(s) (remote) up to 30 days; subcutaneous cardiac rhythm monitor system , including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional (Do not report 93298 in conjunction with 33285, 93291, 93297, 99091, 99454. Do not report 93297-93298, if the monitoring period is less than 10 days)
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
0650T (Effective July 1, 2021)	Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system , with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional



CPT^{®12} Coding Summary for Physician and Outpatient Hospital

OVERVIEW

2021
UPDATES

BILLING
CONSIDERATIONS

COVERAGE

CODING

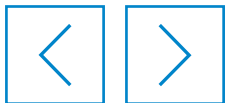
PAYMENT

RESOURCES

	Pacemaker	Implantable Defibrillator	Subcutaneous Cardiac Rhythm Monitor	Implantable Cardiovascular Physiologic Monitoring
In-Person Programming	93279-93281	93282-93284	93285	N/A
In-Person Interrogation	93288	93289	93291	93290
Remote Programming	N/A	N/A	0650T (as of July 1, 2021)	N/A
Remote Interrogation/ Remote Monitoring	Professional 93294*	93295*	93298 [†]	93297 [†]
	Technical 93296*	93296*	G2066 [†]	G2066 [†]
Peri-Procedural Device Programming	93286	93287	N/A	N/A
Transtelephonic Evaluation	93293*	N/A	N/A	N/A

*Cannot be reported more than once every 90 days. Do not report if the monitoring period is less than 30 days.

[†]Cannot be reported more than once every 30 days. Do not report if the monitoring period is less than 10 days.



PAYMENT FOR CIED MANAGEMENT SERVICES

The following information reflects the Medicare national allowable amount published by CMS and does not include Medicare payment reductions resulting from sequestration adjustments to the amount payable to the provider, as mandated by the Budget Control Act of 2011. The Medtronic Customer Economics and Reimbursement teams can provide current site-specific information.

CIED management services are not currently reimbursed in an Ambulatory Surgical Center (ASC) or Inpatient hospital place of service.

Physician Coding and Payment¹³

Effective Jan. 1, 2021 – Dec. 31, 2021

Physicians use CPT® codes to represent procedures and services performed in all places of service. Under Medicare's methodology for physician payment, each CPT code is assigned a value, known as relative value units (RVUs). RVUs are part of how Medicare determines a payment amount. The descriptions below are based upon the CPT short descriptions but may have additional wording included from the CPT long descriptor to differentiate from other procedures with similar short descriptors.



CPT® Code ¹²	Modifier	CPT® Description	2021 Medicare National Non-facility		2021 Medicare National Facility	
			Total RVUs ¹⁴	Payment Rate ¹³	Total RVUs ¹⁴	Payment Rate ¹³
Pacemaker Device Programming — In Person						
93279		Programming device evaluation; single lead or leadless pacemaker system	1.99	\$64	N/A	N/A
93279	26		0.93	\$30	0.93	\$30
93279	TC		1.06	\$34	N/A	N/A
93280		Programming device evaluation; dual lead pacemaker system	2.34	\$76	N/A	N/A
93280	26		1.11	\$36	1.11	\$36
93280	TC		1.23	\$40	N/A	N/A
93281		Programming device evaluation; multiple lead pacemaker system	2.48	\$80	N/A	N/A
93281	26		1.23	\$40	1.23	\$40
93281	TC		1.25	\$41	N/A	N/A
Pacemaker Device Interrogation — In person						
93288		Interrogation device evaluation; single, dual, or multiple lead or leadless pacemaker system	1.65	\$53	N/A	N/A
93288	26		0.61	\$20	0.61	\$20
93288	TC		1.04	\$34	N/A	N/A
Pacemaker Device Evaluation — Remote						
93294		Interrogation device evaluation(s); dual, multiple lead or leadless pacemaker system — PC	0.88	\$29	0.88	\$29



CPT® Code ¹²	Modifier	CPT® Description	2021 Medicare National Non-facility		2021 Medicare National Facility	
			Total RVUs ¹⁴	Payment Rate ¹³	Total RVUs ¹⁴	Payment Rate ¹³
Pacemaker Device Evaluation — Remote, <i>cont'd.</i>						
93296		Interrogation device evaluation(s); single, dual, multiple lead or leadless pacemaker system — TC	0.77	\$25	N/A	N/A
Transtelephonic Pacemaker Evaluation						
93293		TTM rhythm strip pacemaker evaluation(s), up to 90 days (Do not report if the monitoring period is less than 30 days)	1.52	\$49	N/A	N/A
93293	26		0.43	\$14	0.43	\$14
93293	TC		1.09	\$35	N/A	N/A
Implantable Defibrillator Programming — In Person						
93282		Programming device evaluation; single lead transvenous implantable defibrillator system	2.36	\$76	N/A	N/A
93282	26		1.22	\$40	1.22	\$40
93282	TC		1.14	\$37	N/A	N/A
93283		Programming device evaluation; dual lead transvenous implantable defibrillator system	2.90	\$94	N/A	N/A
93283	26		1.66	\$54	1.66	\$54
93283	TC		1.24	\$40	N/A	N/A
93284		Programming device evaluation; multiple lead transvenous implantable defibrillator system	3.13	\$101	N/A	N/A
93284	26		1.80	\$58	1.80	\$58
93284	TC		1.33	\$43	N/A	N/A



CPT® Code ¹²	Modifier	CPT® Description	2021 Medicare National Non-facility		2021 Medicare National Facility	
			Total RVUs ¹⁴	Payment Rate ¹³	Total RVUs ¹⁴	Payment Rate ¹³
Implantable Defibrillator Interrogation — In Person						
93289		Interrogation device evaluation; single, dual, or multiple lead transvenous implantable defibrillator system	2.12	\$69	N/A	N/A
93289	26		1.07	\$35	1.07	\$35
93289	TC		1.05	\$34	N/A	N/A
Implantable Defibrillator Interrogation — Remote						
93295		Interrogation device evaluation(s); single, dual, or multiple lead implantable defibrillator system – PC	1.10	\$36	1.10	\$36
93296		Interrogation device evaluation(s); single, dual, or multiple lead implantable defibrillator system – TC	0.77	\$25	N/A	N/A
Peri-Procedural Device Programming						
93286		Peri-procedural device evaluation (in person) and programming device system parameters before or after a surgery, procedure, or test; pacemaker system	1.35	\$44	N/A	N/A
93286	26		0.44	\$14	0.44	\$14
93286	TC		0.91	\$29	N/A	N/A



CPT® Code ¹²	Modifier	CPT® Description	2021 Medicare National Non-facility		2021 Medicare National Facility	
			Total RVUs ¹⁴	Payment Rate ¹³	Total RVUs ¹⁴	Payment Rate ¹³
Peri-Procedural Device Programming, cont'd.						
93287		Peri-procedural device evaluation (in person) and programming device system parameters before or after a surgery, procedure, or test; implantable defibrillator system	1.58	\$51	N/A	N/A
93287	26		0.66	\$21	0.66	\$21
93287	TC		0.92	\$30	N/A	N/A
Implantable Cardiovascular Physiologic Monitor Interrogation — In Person						
93290		Interrogation device evaluation; ICM	1.57	\$51	N/A	N/A
93290	26		0.62	\$20	0.62	\$20
93290	TC		0.95	\$31	N/A	N/A
Implantable Cardiovascular Physiologic Monitor Interrogation — Remote						
93297		Interrogation device evaluation(s); ICM – PC	0.77	\$25	0.77	\$25
G2066		Interrogation device evaluation(s); ICM or subcutaneous cardiac rhythm monitor – TC	Contractor Priced*			
Subcutaneous Cardiac Rhythm Monitor Interrogation — In Person						
93291		Interrogation device evaluation; subcutaneous cardiac rhythm monitor	1.45	\$47	N/A	N/A
93291	26		0.53	\$17	0.53	\$17
93291	TC		0.92	\$30	N/A	N/A



CPT® Code ¹²	Modifier	CPT® Description	2021 Medicare National Non-facility		2021 Medicare National Facility	
			Total RVUs ¹⁴	Payment Rate ¹³	Total RVUs ¹⁴	Payment Rate ¹³
Subcutaneous Cardiac Rhythm Monitor Programming — In Person						
93285		Programming device evaluation; subcutaneous cardiac rhythm monitor	1.78	\$58	N/A	N/A
93285	26		0.75	\$24	0.75	\$24
93285	TC		1.03	\$33	N/A	N/A
Subcutaneous Cardiac Rhythm Monitor Interrogation — Remote						
93298		Interrogation device evaluation(s); subcutaneous cardiac rhythm monitor – PC	0.77	\$25	0.77	\$25
G2066		Interrogation device evaluation(s); ICM or subcutaneous cardiac rhythm monitor – TC	Contractor Priced*			
Subcutaneous Cardiac Rhythm Monitor Programming — Remote						
0650T (Effective July 1, 2021)		Programming device evaluation; subcutaneous cardiac rhythm monitor	Contractor Priced*			

26 — Professional Component TC — Technical Component

*Contractor-priced codes are not assigned a rate on a national level. Local contractors will determine the reimbursement amount on a case-by-case basis.



Hospital Outpatient Payment¹⁵

Effective Jan. 1, 2021–Dec. 31, 2021

Hospitals use CPT® codes for outpatient services. The procedure codes below apply to services performed in the hospital outpatient setting.

Under Medicare’s Ambulatory Payment Classification (APC) methodology for hospital outpatient payment, each CPT code is assigned to an ambulatory payment category. Each APC has a relative weight that is then converted to a flat payment amount.

CPT® Code ¹²	CPT® Description	Final 2021 APC ¹⁵	APC Title ¹⁵	2021 Status Indicator ¹⁵	Relative Weight ¹⁵	Final 2021 National Average OPPS Payment ¹⁵
Pacemaker Device Programming — In Person						
93279	Programming device evaluation; single lead or leadless pacemaker system	5741	Level 1 Electronic Analysis of Devices	Q1	0.45	\$37
93280	Programming device evaluation; dual lead pacemaker system	5741	Level 1 Electronic Analysis of Devices	Q1	0.45	\$37
93281	Programming device evaluation; multiple lead pacemaker system	5741	Level 1 Electronic Analysis of Devices	Q1	0.45	\$37
Pacemaker Device Interrogation — In Person						
93288	Interrogation device evaluation; single, dual, or multiple lead or leadless pacemaker system	5741	Level 1 Electronic Analysis of Devices	Q1	0.45	\$37



CPT® Code ¹²	CPT® Description	Final 2021 APC ¹⁵	APC Title ¹⁵	2021 Status Indicator ¹⁵	Relative Weight ¹⁵	Final 2021 National Average OPPS Payment ¹⁵
Pacemaker Device Evaluation — Remote						
93294	Interrogation device evaluation(s); dual, multiple lead or leadless pacemaker system – PC	N/A	N/A	M	-	\$0
93296	Interrogation device evaluation(s); single, dual, multiple lead or leadless pacemaker system – TC	5741	Level 1 Electronic Analysis of Devices	Q1	0.45	\$37
Transtelephonic Pacemaker Evaluation						
93293	TTM rhythm strip pacemaker evaluation(s), up to 90 days (Do not report if the monitoring period is less than 30 days)	5741	Level 1 Electronic Analysis of Devices	Q1	0.45	\$37
Transvenous Defibrillator Programming — In Person						
93282	Programming device evaluation; single lead transvenous implantable defibrillator system	5741	Level 1 Electronic Analysis of Devices	Q1	0.45	\$37
93283	Programming device evaluation; dual lead transvenous implantable defibrillator system	5741	Level 1 Electronic Analysis of Devices	Q1	0.45	\$37
93284	Programming device evaluation; multiple lead transvenous implantable defibrillator system	5741	Level 1 Electronic Analysis of Devices	Q1	0.45	\$37



CPT® Code ¹²	CPT® Description	Final 2021 APC ¹⁵	APC Title ¹⁵	2021 Status Indicator ¹⁵	Relative Weight ¹⁵	Final 2021 National Average OPPS Payment ¹⁵
Implantable Defibrillator Interrogation — In Person						
93289	Interrogation device evaluation; single, dual, or multiple lead transvenous implantable defibrillator system	5741	Level 1 Electronic Analysis of Devices	Q1	0.45	\$37
Implantable Defibrillator Device Interrogation — Remote						
93295	Interrogation device evaluation(s); single, dual, or multiple lead implantable defibrillator system – PC	N/A	N/A	M	-	\$0
93296	Interrogation device evaluation(s); single, dual, or multiple lead implantable defibrillator system – TC	5741	Level 1 Electronic Analysis of Devices	Q1	0.45	\$37
Peri-Procedural Device Programming						
93286	Peri-procedural device evaluation (in person) and programming device system parameters before or after a surgery, procedure, or test; pacemaker system	N/A	N/A	N	-	\$0
93287	Peri-procedural device evaluation (in person) and programming device system parameters before or after a surgery, procedure, or test; implantable defibrillator system	N/A	N/A	N	-	\$0



CPT® Code ¹²	CPT® Description	Final 2021 APC ¹⁵	APC Title ¹⁵	2021 Status Indicator ¹⁵	Relative Weight ¹⁵	Final 2021 National Average OPPS Payment ¹⁵
Implantable Cardiovascular Physiologic Monitor Interrogation — In Person						
93290	Interrogation device evaluation; ICM	5741	Level 1 Electronic Analysis of Devices	Q1	0.45	\$37
Implantable Cardiovascular Physiologic Monitor Interrogation — Remote						
93297	Interrogation device evaluation(s); ICM – PC	N/A	N/A	M	-	\$0
G2066	Interrogation device evaluation(s); ICM or subcutaneous cardiac rhythm monitor – TC	5741	Level 1 Electronic Analysis of Devices	Q1	0.45	\$37
Subcutaneous Cardiac Rhythm Monitor Interrogation — In Person						
93291	Interrogation device evaluation; subcutaneous cardiac rhythm monitor	5731	Level 1 Minor Procedures	Q1	0.30	\$25
Subcutaneous Cardiac Rhythm Monitor Programming — In Person						
93285	Programming device evaluation; subcutaneous cardiac rhythm monitor	5741	Level 1 Electronic Analysis of Devices	Q1	0.45	\$37



CPT® Code ¹²	CPT® Description	Final 2021 APC ¹⁵	APC Title ¹⁵	2021 Status Indicator ¹⁵	Relative Weight ¹⁵	Final 2021 National Average OPPS Payment ¹⁵
Subcutaneous Cardiac Rhythm Monitor Interrogation — Remote						
93298	Interrogation device evaluation(s); subcutaneous cardiac rhythm monitor – PC	N/A	N/A	M	-	\$0
G2066	Interrogation device evaluation(s); ICM or subcutaneous cardiac rhythm monitor – TC	5741	Level 1 Electronic Analysis of Devices	Q1	0.45	\$37
Subcutaneous Cardiac Rhythm Monitor Programming — Remote						
0650T (Effective July 1, 2021)	Programming device evaluation; subcutaneous cardiac rhythm monitor	N/A	N/A	N/A	N/A	N/A



RESOURCES

For frequently asked questions related to CIED device management services, please refer to the Implant and Monitoring FAQ document, located [HERE](#).

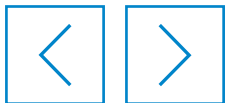
For questions on how to bill for CareLink Express™ services, please refer to the CareLink Express Mobile Reimbursement Overview document for additional information. It can be found [HERE](#).

FOR ADDITIONAL INFORMATION

Visit our website: www.Medtronic.com/crhfreimbursement

Email us: rs.healthcareconomics@medtronic.com

Call our Reimbursement Customer Support: 1-866-877-4102.



References

- ¹ CY 2021 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies. Display Copy: <https://public-inspection.federalregister.gov/2020-26815.pdf>. Accessed December 8, 2020.
- ² Centers for Medicare and Medicaid Services. Global Surgery Booklet. <https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/globalsurgery-icn907166.pdf>. Accessed January 6, 2021.
- ³ Centers for Medicare and Medicaid Services. MLN Matters Article ICN909221. Released December 2020. Available at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/LabServices-ICN909221-Text-Only.pdf>. Accessed January 6, 2021.
- ⁴ Medicare supervision requirements for specific procedure codes: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html>. Click on PFS Relative Value Files, then Calendar Year 2021 to obtain the most updated file.
- ⁵ Centers for Medicare and Medicaid Services. MLN Matters Article SE17023 (Revised) Released February 1, 2019. Available at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE17023.pdf>. Accessed January 6, 2021.
- ⁶ Publication 100-04 Medicare Claims Processing Manual, Chapter 13, Section 20.1 – Professional Component (PC). Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c13.pdf>. Accessed January 6, 2021.
- ⁷ The Medicare NCD for Cardiac Pacemaker Evaluation Services 20.9.1 and 20.8.1.1 can be found at: <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>.
- ⁸ Social Security Act Section 1862 42 U.S.C. 1395y(a)(1)(A). Available at: https://www.ssa.gov/OP_Home/ssact/title18/1862.htm. Accessed January 6, 2021.
- ⁹ Centers for Medicare & Medicaid Services. Medicare Program Integrity Manual. Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf>. Accessed January 6, 2021.

Medtronic
710 Medtronic Parkway
Minneapolis, MN 55432-5604
USA

Toll-free in USA: 800.633.8766
Worldwide: +1.763.514.4000

medtronic.com

UC202114684 EN ©2021 Medtronic.
Minneapolis, MN. All Rights Reserved.
02/2021

Medtronic and the Medtronic logo are trademarks of Medtronic.
™Third party brands are trademarks of their respective owners.
All other brands are trademarks of a Medtronic company.

- ¹⁰ Centers for Medicare and Medicaid Services. Medicare Managed Care Coverage Manual – Chapter 4 section 10.7.1 and 10.7.3 <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/mc86c04.pdf>. Accessed on January 6, 2021.
- ¹¹ CMS has posted a “Clinical Concepts for Cardiology” tip sheet on their website identifying several clinical documentation tips for Cardiology services and ICD-10-CM diagnosis codes. <https://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10ClinicalConceptsCardiology1.pdf>. The resource includes common codes, clinical documentation tips, and clinical scenarios. Please review the CMS document on Clinical Concepts in Cardiology for complete information, keeping in mind this document is from 2015, and codes may have been revised or updated since its publication.
- ¹² CPT codes and descriptions only are copyright ©2020 American Medical Association. All rights reserved. No fee schedules are included in CPT. The American Medical Association assumes no liability for data contained or not contained herein.
- ¹³ The Medicare Physician Fee Schedule (MPFS) 2021 National payment rates based on information published in the MPFS final rule CMS-1734-F and corresponding tables and which was published on December 2, 2020. PFS Federal Regulation Notices. [cms.gov https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-federal-regulation-notices/cms-1734-f](https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-federal-regulation-notices/cms-1734-f). Accessed December 3, 2020. Local physician rates will vary based on location specific factors not reflected in this document. CMS may make adjustments to any or all of the data inputs from time to time.
- ¹⁴ The Medicare Physician Fee Schedule (MPFS) 2021 Relative Value Unit (RVU) amounts are based on information in Addendum B from the MPFS final rule CMS-1734-F which was published on December 2, 2020. PFS Federal Regulation Notices. [cms.gov https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-federal-regulation-notices/cms-1734-f](https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-federal-regulation-notices/cms-1734-f). Updated December 2, 2020. Accessed December 3, 2020
- ¹⁵ The OPFS 2021 National payment rates based on information published in the OPFS/ASC final rule CMS-1736-FC and corresponding Addendum B table which was published on December 3, 2020. Hospital Outpatient Regulations and Notices. [cms.gov. https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notices/cms-1736-fc](https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientppshospital-outpatient-regulations-and-notices/cms-1736-fc). Accessed December 3, 2020. Hospital specific rates will vary based on various hospital-specific factors not reflected in this document and CMS may make adjustments to any or all of the data inputs from time-to-time.

