Medtronic

Procedure codes: Device monitoring services

This document reflects commonly billed procedure codes used by hospitals or physicians for the reporting of cardiac device monitoring services. This is not an all-inclusive list. The descriptions below are based upon the CPT® short descriptors but may have additional wording included from the CPT® long descriptor to differentiate from other procedures with similar short descriptors.

Remote monitoring services consist of different procedure codes for the different components of a remote monitoring service, with one code representing the professional component (PC) and another code representing the technical component (TC). In person monitoring services are designed as global codes and may require additional modifiers if only one component is performed. Refer to CPT® for specific details and rules. For details on timing of billing for cardiac monitoring services, please see CMS reference MLN SE SE17023.

Pacemaker monitoring		
	93279*	Programming device evaluation **(in person)**; single lead or leadless pacemaker system
	93280*	Programming device evaluation **(in person)**; dual lead pacemaker system
	93281*	Programming device evaluation **(in person)**; multiple lead pacemaker system
	93288*	Interrogation device evaluation **(in person)**; single, dual, or multiple lead or leadless pacemaker system
	93294	Interrogation device evaluation(s) **(remote)**, up to 90 days; single, dual, multiple lead or leadless pacemaker system – PC
	93296	Interrogation device evaluation(s) **(remote)**, up to 90 days; single, dual, multiple lead or leadless pacemaker system – TC
	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
	93724*	Electronic analysis of antitachycardia pacemaker system

Implantable defibrillator procedures		
	93260*	Programming device evaluation **(in person)**; implantable subcutaneous lead defibrillator system
	93261*	Interrogation device evaluation **(in person)**; implantable subcutaneous lead defibrillator system
	93282*	Programming device evaluation **(in person)**; single lead transvenous implantable defibrillator system
	93283*	Programming device evaluation **(in person)**; dual lead transvenous implantable defibrillator system
	93284*	Programming device evaluation **(in person)**; multiple lead transvenous implantable defibrillator system
	93289*	Interrogation device evaluation **(in person)**; single, dual, or multiple lead transvenous implantable defibrillator system
	93295	Interrogation device evaluation(s) **(remote)**, up to 90 days; single, dual, or multiple lead implantable defibrillator system – PC
	93296	Interrogation device evaluation(s **(remote)**, up to 90 days; single, dual, or multiple lead implantable defibrillator system – TC
	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		
	93285*	Programming device evaluation **(in person)**; subcutaneous cardiac rhythm monitor
	93291*	Interrogation device evaluation **(in person)**; subcutaneous cardiac rhythm monitor
	93298	Interrogation device evaluation(s) **(remote)**, up to 30 days; Subcutaneous Cardiac Rhythm Monitor – PC
	G2066	Interrogation device evaluation(s) **(remote)**, up to 30 days; ICM or Subcutaneous Cardiac Rhythm Monitor – TC
	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

Implantable cardiovascular monitor (ICM)		
	93290*	Interrogation device evaluation **(in person)**; ICM
	93297	Interrogation device evaluation(s) **(remote)**, up to 30 days; ICM – PC
	G2066	Interrogation device evaluation(s) **(remote)**, up to 30 days; ICM or Subcutaneous Cardiac Rhythm Monitor – TC

Ventricular assist device (VAD)		
	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 (i.e., hospital) may require a -26 modifier that represents professional component only.

Commonly Used Modifiers:

–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).

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

Additional Coding Information: It is important to refer to the CPT®[1] 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 there 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),[2] 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 G2066, and 93298 and G2066. 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.[3]

The technical component[3] 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 & G2066) 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.[3] 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 2021.[4]

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 evaluations when performed with an office POS

General supervision[5] 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[6] 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.[4]

As of January 1, 2021, Medicare allows certain NPPs to supervise diagnostic tests (which includes CIED monitoring) ONLY in states where state law and scope of practice allows it.[7]

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.

Coding, coverage and reimbursement information is available at medtronic.com/crhfreimbursement.
For questions or for more information, please contact Reimbursement Customer Support at 1-866-877-4102 (M-F, 8:00 a.m. to 5:00 p.m. CT) or rs.healthcareeconomics@medtronic.com.

References

[1]CPT copyright 2021 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

[2]Medicare Place of Service (POS) information is located in Chapter 26 of the Medicare Claims Processing Manual at: http://www.cms.gov/Regulations-and-Guidance/ Guidance/Manuals/Downloads/clm104c26.pdf. Accessed January 4, 2022.
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. Accessed January 4, 2022.

[3]Publication #100-04 Medicare Claims Processing Manual Chapter 13 is located at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ clm104c13.pdf. Accessed January 4, 2022.

[4]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.

[5]Publication #100-02 Medicare Benefit Policy Manual Chapter 15 is available at: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ bp102c15.pdf. Accessed January 4, 2022.

[6]Publication #100-02 Medicare Benefit Policy Manual Chapter 6 is available at: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ bp102c06.pdf. Accessed January 4, 2022.

[7]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 January 4, 2022.

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