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Reimbursement guide

Cardiac implantable electronic device management services

Hospital & physician coding, coverage, and payment

February 2026

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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.

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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 Cardiovascular Physiologic Monitoring

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Billing considerations for CIED management services

1 CIED management may be billed during the global surgical period

- Medicare considers these services to be diagnostic tests. Diagnostic tests are separately billable during the global surgical period.[1]

2 A written order is required

- Diagnostic tests, including CIED management, must be ordered by the treating practitioner who uses the results for patient care and must be documented in the patient's medical record.[15]

3 CIED management technical component services have specific supervision requirements[2]

- 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.
- 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.
- 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.[3]
- 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 service[4]

- For professional services, the date of service is the date the physician completes that activity.
- 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.[5]

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Billing considerations - for remote monitoring only

01

Remote CIED management codes represent all remote work that occurs over the monitoring period

- For pacemakers, ICD, and CRT devices, the remote monitoring period is 90 days
- For subcutaneous cardiac rhythm monitors & implantable physiologic cardiac monitors, the remote monitoring period is 30 days

02

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.

03

If a patient receives in-person CIED management services while in a remote monitoring period, the billing implications depend on the service

- If patient receives **interrogation** evaluation services during a remote monitoring period, only remote services are billable
- If patient receives **programming** evaluation services during a remote monitoring period, both services are billable

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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).[6] 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.[7] Traditional Medicare does not require, nor does it provide, prior authorization. It is the provider's responsibility to document "reasonable and necessary."[8]

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 plans.[9] Medicare Advantage 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 or device interrogation may result in unpaid claims, leaving both the hospital and the physician without compensation.

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Coverage for CIED management services

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

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.

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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.[10]

CPT® Codes

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The following CPT® codes[11] 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.

CPT®[11] coding summary

		Pacemaker	Transvenous implantable defibrillator	Extravascular implantable defibrillator	Subcutaneous cardiac rhythm monitor	Implantable cardiovascular physiologic monitoring
In-person programming		93279-93281	93282-93284	0575T	93285	n/a
In-person interrogation		93288	93289	0576T	93291	93290
Remote programming		n/a	n/a	n/a	0650T	n/a
Remote interrogation/ Remote monitoring	Professional	93294†	93295†	0578T	93298-26‡	93297-26‡
	Technical	93296†	93296†	0579T	93298-TC‡	93297-TC‡
Peri-procedural device programming		93286	93287	93287	n/a	n/a
Transtelephonic evaluation		93293†	n/a	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.

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CPT® code[11]	CPT® code description[11]
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)
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)

CPT® code[11]	CPT® code description[11]
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)
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)
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)
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)
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)
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)

CPT® code[11]	CPT® code description[11]
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)
93293	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 (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)
93294	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 (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)
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, 93297. Report 93296 only once per 90 days. Do not report 93293-93296 if the monitoring period is less than 30 days)

CPT® code[11]	CPT® code description[11]
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)
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)
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 (Do not report 0650T in conjunction with 33285, 93260, 93279, 93280, 93281, 93282, 93284, 93285, 93291)
0575T	Programming device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, 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
0576T	Interrogation device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter
0578T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
0579T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results

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 Surgery Center (ASC) place of service. When CIED management services are performed during an inpatient hospital stay, it does not change the reimbursement for the hospitalization.

Physician† coding and payment[12]

Effective Jan. 1, 2026 – Dec. 31, 2026

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.

† Rates shown reflect the CY 2026 Medicare Physician Fee Schedule for clinicians who did not qualify as participants in Advanced Alternative Payment Model (APM). Physicians and other eligible clinicians who qualify as participants in an Advanced APM under the Quality Payment Program may receive higher payment rates.

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.

26 – Professional Component
TC – Technical Component

Payment

Physician†

CPT® code[11]	Modifier	CPT® description[11]	2026 Medicare national non-facility		2026 Medicare national facility	
			Total RVUs[13]	Payment rate[12]	Total RVUs[13]	Payment rate[12]
Pacemaker device programming – in person						
93279		Programming device evaluation; single lead or leadless pacemaker system	2.00	$67	n/a	n/a
93279	26		0.92	$31	0.92	$31
93279	TC		1.08	$36	n/a	n/a
93280		Programming device evaluation; dual lead pacemaker system	2.35	$78	n/a	n/a
93280	26		1.10	$37	1.10	$37
93280	TC		1.25	$42	n/a	n/a
93281		Programming device evaluation; multiple lead pacemaker system	2.48	$83	n/a	n/a
93281	26		1.22	$41	1.22	$41
93281	TC		1.26	$42	n/a	n/a

26 – Professional Component
TC – Technical Component

† Rates shown reflect the CY 2026 Medicare Physician Fee Schedule for clinicians who did not qualify as participants in Advanced Alternative Payment Model (APM). Physicians and other eligible clinicians who qualify as participants in an Advanced APM under the Quality Payment Program may receive higher payment rates.

Payment

Physician†

CPT® code[11]	Modifier	CPT® description[11]	2026 Medicare national non-facility		2026 Medicare national facility	
			Total RVUs[13]	Payment rate[12]	Total RVUs[13]	Payment rate[12]
Pacemaker device interrogation – in person						
93288		Interrogation device evaluation; single, dual, or multiple lead or leadless pacemaker system	1.66	$55	n/a	n/a
93288	26		0.60	$20	0.60	$20
93288	TC		1.06	$35	n/a	n/a
Pacemaker device interrogation – remote						
93294		Interrogation device evaluation(s); dual, multiple lead or leadless pacemaker system – Professional	0.88	$29	0.88	$29
93296		Interrogation device evaluation(s); single, dual, multiple lead or leadless pacemaker system – Technical	0.95	$32	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)	1.20	$40	n/a	n/a
93293	26		0.40	$13	0.40	$13
93293	TC		0.80	$27	n/a	n/a

26 – Professional Component
TC – Technical Component

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Payment

Physician†

CPT® code[11]	Modifier	CPT® description[11]	2026 Medicare national non-facility		2026 Medicare national facility	
			Total RVUs[13]	Payment rate[12]	Total RVUs[13]	Payment rate[12]
Transvenous implantable defibrillator programming – in person						
93282		Programming device evaluation; single lead transvenous implantable defibrillator system	2.36	$79	n/a	n/a
93282	26		1.21	$40	1.21	$40
93282	TC		1.15	$38	n/a	n/a
93283		Programming device evaluation; dual lead transvenous implantable defibrillator system	2.89	$97	n/a	n/a
93283	26		1.63	$54	1.63	$54
93283	TC		1.26	$42	n/a	n/a
93284		Programming device evaluation; multiple lead transvenous implantable defibrillator system	3.12	$104	n/a	n/a
93284	26		1.77	$59	1.77	$59
93284	TC		1.35	$45	n/a	n/a

26 – Professional Component
TC – Technical Component

† Rates shown reflect the CY 2026 Medicare Physician Fee Schedule for clinicians who did not qualify as participants in Advanced Alternative Payment Model (APM). Physicians and other eligible clinicians who qualify as participants in an Advanced APM under the Quality Payment Program may receive higher payment rates.

Payment

Physician†

CPT® code[11]	Modifier	CPT® description[11]	2026 Medicare national non-facility		2026 Medicare national facility	
			Total RVUs[13]	Payment rate[12]	Total RVUs[13]	Payment rate[12]
Transvenous implantable defibrillator interrogation – in person						
93289		Interrogation device evaluation; single, dual, or multiple lead transvenous implantable defibrillator system	2.13	$71	n/a	n/a
93289	26		1.06	$35	1.06	$35
93289	TC		1.07	$36	n/a	n/a
Transvenous implantable defibrillator interrogation – remote						
93295		Interrogation device evaluation(s); single, dual, or multiple lead implantable defibrillator system – Professional	1.08	$36	1.08	$36
93296		Interrogation device evaluation(s); single, dual, or multiple lead implantable defibrillator system – Technical	0.95	$32	n/a	n/a
Extravascular implantable defibrillator programming – in person						
0575T		Programming device evaluation; implantable cardioverter-defibrillator system with substernal electrode	n/a	Contractor priced	n/a	Contractor priced
Extravascular implantable defibrillator interrogation – in person						
0576T		Interrogation device evaluation; implantable cardioverter-defibrillator system with substernal electrode	n/a	Contractor priced	n/a	Contractor priced

26 – Professional Component
TC – Technical Component

† Rates shown reflect the CY 2026 Medicare Physician Fee Schedule for clinicians who did not qualify as participants in Advanced Alternative Payment Model (APM). Physicians and other eligible clinicians who qualify as participants in an Advanced APM under the Quality Payment Program may receive higher payment rates.

Payment

Physician†

CPT® code[11]	Modifier	CPT® description[11]	2026 Medicare national non-facility		2026 Medicare national facility	
			Total RVUs[13]	Payment rate[12]	Total RVUs[13]	Payment rate[12]
Extravascular implantable defibrillator interrogation – remote						
0578T		Interrogation device evaluation(s); substernal lead implantable cardioverter-defibrillator system – Professional	n/a	Contractor priced	n/a	Contractor priced
0579T		Interrogation device evaluation(s); substernal lead implantable cardioverter-defibrillator system – Technical	n/a	Contractor priced	n/a	Contractor priced
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	1.33	$44	n/a	n/a
93286	26		0.43	$14	0.43	$14
93286	TC		0.90	$30	n/a	n/a
93287		Peri-procedural device evaluation (in person) and programming device system parameters before or after a surgery, procedure, or test; implantable defibrillator system	1.55	$52	n/a	n/a
93287	26		0.65	$22	0.65	$22
93287	TC		0.90	$30	n/a	n/a

26 – Professional Component
TC – Technical Component

† Rates shown reflect the CY 2026 Medicare Physician Fee Schedule for clinicians who did not qualify as participants in Advanced Alternative Payment Model (APM). Physicians and other eligible clinicians who qualify as participants in an Advanced APM under the Quality Payment Program may receive higher payment rates.

Payment

Physician†

CPT® code[11]	Modifier	CPT® description[11]	2026 Medicare national non-facility		2026 Medicare national facility	
			Total RVUs[13]	Payment rate[12]	Total RVUs[13]	Payment rate[12]
Implantable cardiovascular physiologic monitor interrogation – in person						
93290		Interrogation device evaluation; ICPM	1.57	$52	n/a	n/a
93290	26		0.61	$20	0.61	$20
93290	TC		0.96	$32	n/a	n/a
Implantable cardiovascular physiologic monitor interrogation – remote						
93297		Interrogation device evaluation(s); implantable cardiovascular physiologic monitor system	1.82	$61	n/a	n/a
93297	26		0.73	$24	0.73	$24
93297	TC		1.09	$36	n/a	n/a
Subcutaneous cardiac rhythm monitor interrogation – in person						
93291		Interrogation device evaluation; subcutaneous cardiac rhythm monitor	1.44	$48	n/a	n/a
93291	26		0.52	$17	0.52	$17
93291	TC		0.92	$31	n/a	n/a

26 – Professional Component
TC – Technical Component

† Rates shown reflect the CY 2026 Medicare Physician Fee Schedule for clinicians who did not qualify as participants in Advanced Alternative Payment Model (APM). Physicians and other eligible clinicians who qualify as participants in an Advanced APM under the Quality Payment Program may receive higher payment rates.

Payment

Physician†

CPT® code[11]	Modifier	CPT® description[11]	2026 Medicare national non-facility		2026 Medicare national facility	
			Total RVUs[13]	Payment rate[12]	Total RVUs[13]	Payment rate[12]
Subcutaneous cardiac rhythm monitor programming – in person						
93285		Programming device evaluation; subcutaneous cardiac rhythm monitor	1.78	$59	n/a	n/a
93285	26		0.75	$25	0.75	$25
93285	TC		1.03	$34	n/a	n/a
Subcutaneous cardiac rhythm monitor interrogation – remote						
93298		Interrogation device evaluation(s) subcutaneous cardiac rhythm monitor system	3.09	$103	n/a	n/a
93298	26		0.73	$24	0.73	$24
93298	TC		2.36	$79	n/a	n/a
Subcutaneous cardiac rhythm monitor programming – remote						
0650T		Programming device evaluation; subcutaneous cardiac rhythm monitor	n/a	Contractor price	n/a	Contractor price

26 – Professional Component
TC – Technical Component

† Rates shown reflect the CY 2026 Medicare Physician Fee Schedule for clinicians who did not qualify as participants in Advanced Alternative Payment Model (APM). Physicians and other eligible clinicians who qualify as participants in an Advanced APM under the Quality Payment Program may receive higher payment rates.

Hospital outpatient payment[14]

Effective Jan. 1, 2026–Dec. 31, 2026

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[11]	CPT® description	APC[14]	APC title[14]	Status indicator[14]	Final 2026 national average OPPS payment[14]
Pacemaker device programming – in person					
93279	Programming device evaluation; single lead or leadless pacemaker system	5741	Level 1 electronic analysis of devices	Q1	$38
93280	Programming device evaluation; dual lead pacemaker system	5741	Level 1 electronic analysis of devices	Q1	$38
93281	Programming device evaluation; multiple lead pacemaker system	5741	Level 1 electronic analysis of devices	Q1	$38
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	$38

Payment

Hospital outpatient

CPT® code[11]	CPT® description	APC[14]	APC title[14]	Status indicator[14]	Final 2026 national average OPPS payment[14]
Pacemaker or transvenous implantable defibrillator device evaluation – remote					
93296	Interrogation device evaluation(s); single, dual, multiple lead or leadless pacemaker system – Technical	5741	Level 1 Electronic Analysis of Devices	Q1	$38
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	$38
Transvenous defibrillator programming – in person					
93282	Programming device evaluation; single lead transvenous implantable defibrillator system	5741	Level 1 Electronic Analysis of Devices	Q1	$38
93283	Programming device evaluation; dual lead transvenous implantable defibrillator system	5741	Level 1 Electronic Analysis of Devices	Q1	$38
93284	Programming device evaluation; multiple lead transvenous implantable defibrillator system	5741	Level 1 Electronic Analysis of Devices	Q1	$38

Payment

Hospital outpatient

CPT® code[11]	CPT® description	APC[14]	APC title[14]	Status indicator[14]	Final 2026 national average OPPS payment[14]
Transvenous 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	$38
Implantable defibrillator device interrogation – remote					
93296	Interrogation device evaluation(s); single, dual, or multiple lead implantable defibrillator system – Technical	5741	Level 1 Electronic Analysis of Devices	Q1	$38
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	-
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	-

Payment

Hospital outpatient

CPT® code[11]	CPT® description	APC[14]	APC title[14]	Status indicator[14]	Final 2026 national average OPPS payment[14]
Implantable defibrillator interrogation – in person					
93290	Interrogation device evaluation; ICD	5741	Level 1 Electronic Analysis of Devices	Q1	$38
Implantable cardiovascular physiologic monitor interrogation – remote					
93297	Interrogation device evaluation(s); ICPM	5741	n/a	Q1	$38
Subcutaneous cardiac rhythm monitor interrogation – in person					
93291	Interrogation device evaluation; subcutaneous cardiac rhythm monitor	5731	Level 1 Electronic Analysis of Devices	Q1	$30
Peri-procedural device programming					
93285	Programming device evaluation; subcutaneous cardiac rhythm monitor	5741	Level 1 Electronic Analysis of Devices	Q1	$38

Payment

Hospital outpatient

CPT® code[11]	CPT® description	APC[14]	APC title[14]	Status indicator[14]	Final 2026 national average OPPS payment[14]
Subcutaneous cardiac rhythm monitor interrogation – remote					
93298	Interrogation device evaluation(s); subcutaneous cardiac rhythm monitor	5741	Level 1 electronic analysis of devices	Q1	$38
Subcutaneous cardiac rhythm monitor programming – remote					
0650T	Programming device evaluation; subcutaneous cardiac rhythm monitor	5741	Level 1 electronic analysis of devices	Q1	$38

Frequently asked questions

01

Is there a way to bill separately for each alert reviewed during a monitoring period?

No. The remote monitoring period is considered a single episode of care and includes all transmissions received during the monitoring period. See Remote Monitoring Billing Considerations for more details.

02

Can a provider bill an in-person programming during the remote monitoring period?

Yes, programming is a separate service from interrogation and is billable in the remote monitoring period.[11]

03

Can a provider bill an in-person interrogation during the remote monitoring period?

No, all interrogations (remote & in-person) are included in the remote monitoring period.[11]

04

Is CPT 0650T (remote programming of subcutaneous cardiac rhythm monitor) a global code?

Yes, 0650T includes both a professional and technical component.

Frequently asked questions

05

Is there a remote programming code for pacemakers and ICDs like there is form subcutaneous cardiac rhythm monitors?

No. Programming can only be performed in person for pacemakers and ICDs.

06

When a remote transmission is received but not reviewed for a few days, what date of service should be reported?

Per Medicare guidance, the date of service for the interpretation is the date the interpretation occurs or the end of the monitoring period, whichever is later. The technical component is billable at the end of the remote monitoring period.[4]

07

How many days does a patient with a pacemaker or ICD need to be monitored during the 90-day period in order for the service to be billable?

A patient has to be monitored a minimum of 30 days during the 90-day period for the service to be billable.

08

Can non-physician practitioners (NPP) supervise other staff performing device monitoring services?

An NPP can supervise other staff only if it is in their scope of practice and allowed by state licensing. Check with your state licensing board for more information.

Frequently asked questions

09

All pacemaker and ICD implant procedures have a 90-day global surgical period. Can device monitoring be billed during the global period?

Yes, device monitoring is considered a diagnostic test and diagnostic tests are separately billable during the global surgical period.

10

Can in-person interrogation and programming be billed on the same date or service?

No, an interrogation is an included part of the programming service and is not separately billable.[9]

11

When are peri-procedural device programming codes billable?

The peri-procedural codes are used to report when a device is reprogrammed before and/or after a procedure or test (e.g., MRI or surgery). Supervision requirements need to be met. Turning off and on is not billable as programming.

For additional information

- Visit our website: www.Medtronic.com/crhfreimbursement
- Email us: rs.healthcareeconomics@medtronic.com
- Call our reimbursement customer support: 1-866-877-4102

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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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9 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 14, 2026.

10 CMS has posted a "Clinical Concepts in Cardiology" tip sheet on their website identifying several clinical documentation tips for Cardiology services and ICD-10-CM diagnosis codes. Codes may have been revised or updated since its publication. 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.

11 CPT codes and descriptions only are copyright ©2025 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.

12 PFS 2026 Final Rule CMS-1832-F | CMS. Cms.gov. Published October 31, 2025. https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1832-f Local physician rates will vary based on location specific factors not reflected in this document. PFS Relative Value Files. cms.gov https://www.cms.gov/medicare/payment/fee-schedules/physician/pfs-relative-value-files 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.

13 PFS 2026 Final Rule CMS-1832-F | CMS. Cms.gov. Published October 31, 2025. https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1832-f Local physician rates will vary based on location specific factors not reflected in this document.

14 OPPS 2026 Final Rule CMS-1834-FC | CMS. Cms.gov. Published November 21, 2025. https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-fc Rates shown reflect the unadjusted OPPS payment rates. Actual reimbursement may vary based on hospital-specific factors, such as wage index, geographic adjustments, and other CMS payment modifiers.

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