

Reimbursement guide

Cardiac implantable electronic device management services

Hospital & physician coding, coverage, and payment

March 2024

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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 (e.g., Cardiac Compass™, OptiVol™)



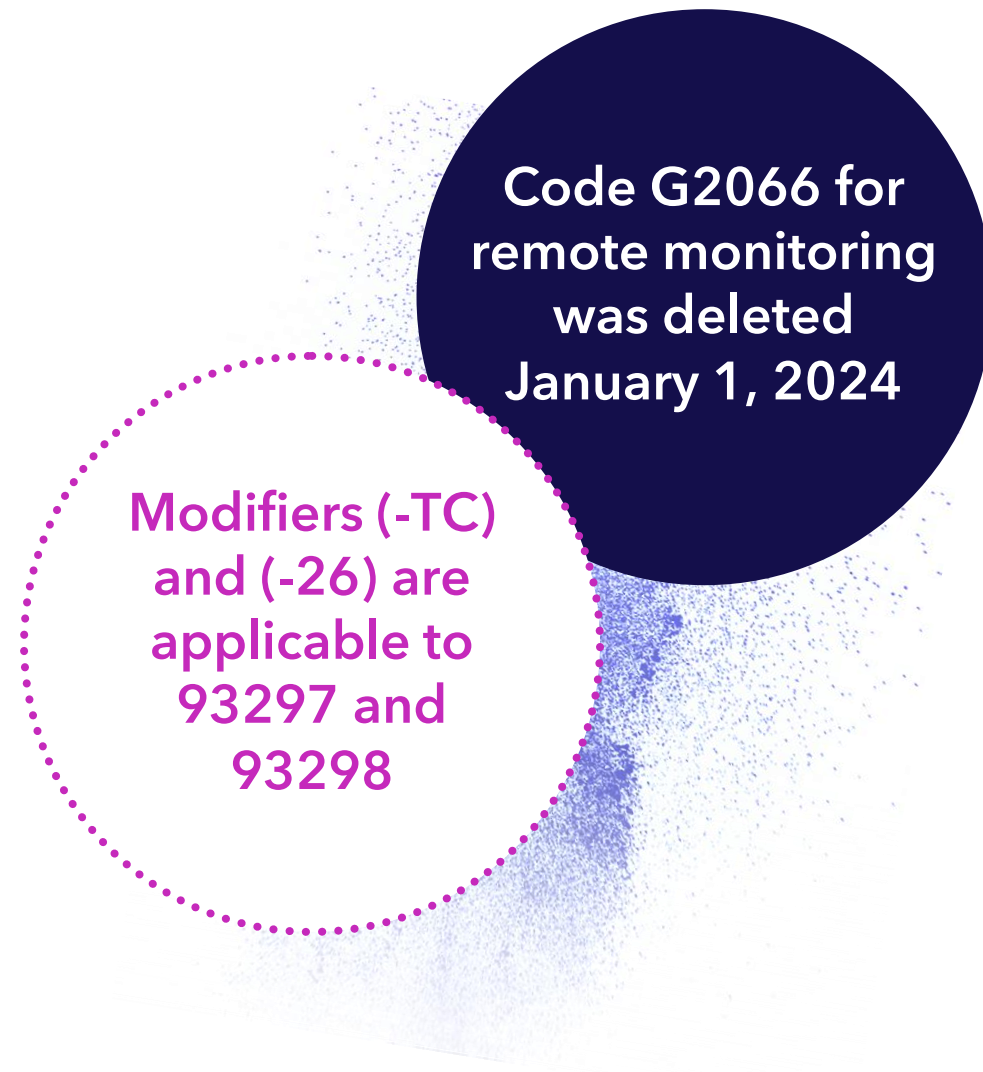
2024 updates

Removal of G2066 for remote monitoring

The Centers for Medicare & Medicaid Services (CMS) have announced changes to remote monitoring codes beginning January 1, 2024. The changes include deletion of HCPCS code G2066, previously used to report technical services associated with remote monitoring of both subcutaneous cardiac rhythm monitors (i.e., **Reveal LINQ™** & **LINQ II™** insertable cardiac monitors) and implantable cardiovascular physiologic monitors (as used with **OptiVol™** & **TriageHF™**). In place of G2066, CMS has added technical service (-TC) and professional service (-26) modifiers to both CPT® codes 93297 and 93298 for this service.²



[Click here for more information](#)



*Unadjusted rates do not include sequestration or any other local payment adjustments.

2024 updates

Removal of G2066 for remote monitoring

Summary of impact to subcutaneous cardiac rhythm monitors (SCRM)

Services rendered	Prior to January 1, 2024 ²	After January 1, 2024 ³
SCRM remote interrogation - global	G2066 93298	93298
National unadjusted rate	Contractor priced \$26	\$100
SCRM remote interrogation - professional	93298	93298 - 26
National unadjusted rate	\$26	\$24
SCRM remote interrogation - technical	G2066	93298 - TC
National unadjusted rate	Contractor priced	\$76

Summary of impact to implantable cardiovascular physiologic monitors (ICPM)

Services rendered	Prior to January 1, 2024 ²	After January 1, 2024 ³
ICPM remote interrogation - global	G2066 93297	93297
National unadjusted rate	Contractor priced \$25	\$59
ICPM remote interrogation - professional	93297	93297 - 26
National unadjusted rate	\$25	\$24
ICPM remote interrogation - technical	G2066	93297 - TC
National unadjusted rate	Contractor priced	\$35



Billing considerations for CIED management services

- 1 CIED management may be billed and may be paid separately during the global surgical period**
 - 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**
 - 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 requirements⁴**
 - 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.¹
 - 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**
 - 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.⁶**



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).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 plans.¹⁰

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.



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.



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® codes¹² 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[®]12 coding summary

New in 2024: CMS has added technical service (-TC) and professional service (-26) modifiers to both CPT[®] codes 93297 and 93298 in place of G2066. [Click here for more information](#)

	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 [†]
	Global	n/a	n/a	n/a	93298	93297
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® code¹²

CPT® code description¹²

93279	<p>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)</p>
93280	<p>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)</p>
93281	<p>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)</p>
93282	<p>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)</p>
93283	<p>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)</p>
93284	<p>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)</p>

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CPT® code ¹²	CPT® code description ¹²
93285	<p>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)</p>
93286	<p>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)</p>
93287	<p>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)</p>
93288	<p>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)</p>
93289	<p>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)</p>
93290	<p>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)</p>

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CPT® code¹²

CPT® code description¹²

93291	<p>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)</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 (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>
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 (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>
93295	<p>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)</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 (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)</p>

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CPT® code ¹²	CPT® code description ¹²
93297	<p>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)</p>
93298	<p>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)</p>
0650T	<p>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)</p>
0575T	<p>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</p>
0576T	<p>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</p>
0578T	<p>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</p>
0579T	<p>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</p>

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CPT® code¹²

CPT® code description¹²

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)

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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) 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 payment¹³

Effective Jan. 1, 2024 - Dec. 31, 2024

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.

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CPT® code ¹²	Modifier	CPT® description ¹²	2024 Medicare national non-facility		2024 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	2.01	\$66	n/a	n/a
93279	26		0.91	\$30	0.91	\$30
93279	TC		1.10	\$36	n/a	n/a
93280		Programming device evaluation; dual lead pacemaker system	2.35	\$77	n/a	n/a
93280	26		1.08	\$35	1.08	\$35
93280	TC		1.27	\$42	n/a	n/a
93281		Programming device evaluation; multiple lead pacemaker system	2.50	\$82	n/a	n/a
93281	26		1.21	\$40	1.21	\$40
93281	TC		1.29	\$42	n/a	n/a
Pacemaker device interrogation – in person						
93288		Interrogation device evaluation; single, dual, or multiple lead or leadless pacemaker system	2.50	\$82	n/a	n/a
93288	26		1.21	\$40	1.21	\$40
93288	TC		1.29	\$42	n/a	n/a
Pacemaker device interrogation – remote						
93294		Interrogation device evaluation(s); dual, multiple lead or leadless pacemaker system – PC	0.87	\$28	0.87	\$28

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CPT® code ¹²	Modifier	CPT® description ¹²	2024 Medicare national non-facility		2024 Medicare national facility	
			Total RVUs ¹⁴	Payment rate ¹³	Total RVUs ¹⁴	Payment rate ¹³
Pacemaker device interrogation – remote, cont’d.						
93296		Interrogation device evaluation(s); single, dual, multiple lead or leadless pacemaker system – TC	0.64	\$21	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)	1.32	\$43	n/a	n/a
93293	26		0.42	\$14	0.42	\$14
93293	TC		0.90	\$29	n/a	n/a
Transvenous implantable defibrillator programming – in person						
93282		Programming device evaluation; single lead transvenous implantable defibrillator system	2.37	\$78	n/a	n/a
93282	26		1.20	\$39	1.20	\$39
93282	TC		1.17	\$38	n/a	n/a
93283		Programming device evaluation; dual lead transvenous implantable defibrillator system	2.91	\$95	n/a	n/a
93283	26		1.63	\$53	1.63	\$53
93283	TC		1.28	\$42	n/a	n/a
93284		Programming device evaluation; multiple lead transvenous implantable defibrillator system	3.14	\$103	n/a	n/a
93284	26		1.77	\$58	1.77	\$58
93284	TC		1.37	\$45	n/a	n/a

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CPT® code ¹²	Modifier	CPT® description ¹²	2024 Medicare national non-facility		2024 Medicare national facility	
			Total RVUs ¹⁴	Payment rate ¹³	Total RVUs ¹⁴	Payment rate ¹³
Transvenous implantable defibrillator interrogation – in person						
93289		Interrogation device evaluation; single, dual, or multiple lead transvenous implantable defibrillator system	2.15	\$70	n/a	n/a
93289	26		1.06	\$35	1.06	\$35
93289	TC		1.09	\$36	n/a	n/a
Transvenous implantable defibrillator interrogation – remote						
93295		Interrogation device evaluation(s); single, dual, or multiple lead implantable defibrillator system - PC	1.08	\$35	1.08	\$35
93296		Interrogation device evaluation(s); single, dual, or multiple lead implantable defibrillator system - TC	0.64	\$21	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
Extravascular implantable defibrillator interrogation – remote						
0578T		Interrogation device evaluation(s); substernal lead implantable cardioverter-defibrillator system - PC	n/a	Contractor priced	n/a	Contractor priced
0579T		Interrogation device evaluation(s); substernal lead implantable cardioverter-defibrillator system - TC	n/a	Contractor priced	n/a	Contractor priced

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CPT® code ¹²	Modifier	CPT® description ¹²	2024 Medicare national non-facility		2024 Medicare national facility	
			Total RVUs ¹⁴	Payment rate ¹³	Total RVUs ¹⁴	Payment rate ¹³
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		0.43	\$14	0.43	\$14
93286	TC		0.92	\$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	1.56	\$51	n/a	n/a
93287	26		0.63	\$21	0.63	\$21
93287	TC		0.93	\$30	n/a	n/a

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CPT® code ¹²	Modifier	CPT® description ¹²	2024 Medicare national non-facility		2024 Medicare national facility	
			Total RVUs ¹⁴	Payment rate ¹³	Total RVUs ¹⁴	Payment rate ¹³
Implantable cardiovascular physiologic monitor interrogation – in person						
93290			1.59	\$52	n/a	n/a
93290	26	Interrogation device evaluation; ICPM	0.61	\$20	0.61	\$20
93290	TC		0.98	\$32	n/a	n/a
Implantable cardiovascular physiologic monitor interrogation – remote						
93297			1.81	\$59	n/a	n/a
93297 ⓘ	26	Interrogation device evaluation(s); implantable cardiovascular physiologic monitor system	0.73	\$24	0.73	\$24
93297 ⓘ	TC		1.08	\$35	n/a	n/a
			1.81	\$59	n/a	n/a
Subcutaneous cardiac rhythm monitor interrogation – in person						
93291			1.46	\$48	n/a	n/a
93291	26	Interrogation device evaluation; subcutaneous cardiac rhythm monitor	0.52	\$17	0.52	\$17
93291	TC		0.94	\$31	n/a	n/a

ⓘ New in 2024: CMS has added technical service (-TC) and professional service (-26) modifiers to both CPT® 93297 and CPT 93298 to replace HCSPCS G2066 which has been deleted. [Click here for more information](#)

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CPT® code ¹²	Modifier	CPT® description ¹²	2024 Medicare national non-facility		2024 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	1.79	\$59	n/a	n/a
93285	26		0.74	\$24	0.74	\$24
93285	TC		1.05	\$34	n/a	n/a
Subcutaneous cardiac rhythm monitor interrogation – remote						
93298		Interrogation device evaluation(s) subcutaneous cardiac rhythm monitor system	3.05	\$100	n/a	n/a
93298	26		0.73	\$24	0.73	\$24
93298	TC		2.32	\$76	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

ⓘ New in 2024: CMS has added technical service (-TC) and professional service (-26) modifiers to both CPT® 93297 and CPT 93298 to replace HCSPCS G2066 which has been deleted. [Click here for more information](#)

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Hospital outpatient payment¹⁵

Effective Jan. 1, 2024-Dec. 31, 2024

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 2024 APC ¹⁵	APC title ¹⁵	2024 status indicator ¹⁵	Final 2024 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	\$36
93280	Programming device evaluation; dual lead pacemaker system	5741	Level 1 electronic analysis of devices	Q1	\$36
93281	Programming device evaluation; multiple lead pacemaker system	5741	Level 1 electronic analysis of devices	Q1	\$36
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	\$36

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CPT® code ¹²	CPT® description	Final 2024 APC ¹⁵	APC title ¹⁵	2024 status indicator ¹⁵	Final 2024 national average OPPS payment ¹⁵
Pacemaker or transvenous implantable defibrillator device evaluation – remote					
93296	Interrogation device evaluation(s); single, dual, multiple lead or leadless pacemaker system - TC	5741	Level 1 Electronic Analysis of Devices	Q1	\$36
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	\$36
Transvenous defibrillator programming – in person					
93282	Programming device evaluation; single lead transvenous implantable defibrillator system	5741	Level 1 Electronic Analysis of Devices	Q1	\$36
93283	Programming device evaluation; dual lead transvenous implantable defibrillator system	5741	Level 1 Electronic Analysis of Devices	Q1	\$36
93284	Programming device evaluation; multiple lead transvenous implantable defibrillator system	5741	Level 1 Electronic Analysis of Devices	Q1	\$36

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CPT® code ¹²	CPT® description	Final 2024 APC ¹⁵	APC title ¹⁵	2024 status indicator ¹⁵	Final 2024 national average OPPS payment ¹⁵
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	\$36
Implantable defibrillator device interrogation – remote					
93296	Interrogation device evaluation(s); single, dual, or multiple lead implantable defibrillator system - TC	5741	Level 1 Electronic Analysis of Devices	Q1	\$36
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

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CPT® code ¹²	CPT® description	Final 2024 APC ¹⁵	APC title ¹⁵	2024 status indicator ¹⁵	Final 2024 national average OPPS payment ¹⁵
Implantable defibrillator interrogation – in person					
93290	Interrogation device evaluation; ICD	5741	Level 1 Electronic Analysis of Devices	Q1	\$36
Implantable cardiovascular physiologic monitor interrogation – remote					
93297	Interrogation device evaluation(s); ICPM	5741	Level 1 Electronic Analysis of Devices	Q1	\$36
Subcutaneous cardiac rhythm monitor interrogation – in person					
93291	Interrogation device evaluation; subcutaneous cardiac rhythm monitor	5731	Level 1 Electronic Analysis of Devices	Q1	\$28
Peri-procedural device programming					
93285	Programming device evaluation; subcutaneous cardiac rhythm monitor	5741	Level 1 Electronic Analysis of Devices	Q1	\$36
Subcutaneous cardiac rhythm monitor interrogation – remote					
93298	Interrogation device evaluation(s); subcutaneous cardiac rhythm monitor	5741	Level 1 Electronic Analysis of Devices	Q1	\$36
Subcutaneous cardiac rhythm monitor programming – remote					
0650T	Programming device evaluation; subcutaneous cardiac rhythm monitor	5741	Level 1 electronic analysis of devices	Q1	\$35

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Frequently asked questions

01

Is there a way to bill separately for each Carelink™ 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.¹²

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.¹²

04

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

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

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Frequently asked questions

05

Is there a remote programming code for pacemakers and ICDs like there is for 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.⁵

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.¹⁰

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.

Frequently asked questions

12

How does the removal of G2066 impact provider-based clinics reimbursed through the outpatient prospective payment system (OPPS) for 93297 and 93298?

CMS issued a correction notice on February 6th, 2024 confirming that the initial status indicator of “M” will be changed to “Q1” for CPT® codes 93297 and 93298 making them separately payable under OPPS. This change will go into effect for services rendered on and after January 1st, 2024. ^{13,15}

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

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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 November 4, 2021.

¹¹ 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> Accessed on December 21, 2022.

¹² CPT codes and descriptions only are copyright ©2023 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) 2024 national payment rates based on information published in the MPFS final rule CMS-1784-F. PFS Federal Regulation Notices. <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-federal-regulation-notices/cms-1784-f> Accessed January 10, 2024. PFS Relative Value Files. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/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.

¹⁴ The Medicare Physician Fee Schedule (MPFS) 2024 Relative Value Unit (RVU) amounts are based on information in Addendum B from the MPFS final rule CMS-1784-F which was released on November 12, 2023. <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-federal-regulation-notices/cms-1784-f> Accessed December 21, 2023.

¹⁵ The OPFS 2024 National payment rates based on information published in the OPFS/ASC final rule CMS-1786-FC released on November 2, 2023, and correction notice CMS-1786-CN released on February 6, 2024 and corresponding Addendum B tables. Hospital Outpatient Regulations and Notices. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices> Accessed March 6, 2024. 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.

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