This guide provides physician information for cardiac device monitoring. In addition, St. Jude Medical offers a reimbursement hotline, which provides live coding and reimbursement information from dedicated reimbursement specialists. Hotline support is available from 8 a.m. to 5 p.m. Central Time, Monday through Friday at (855) 569 6430 or hce@sjm.com. Hotline reimbursement assistance is provided subject to the disclaimers set forth in this guide.

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### Physician Coding

<table>
<thead>
<tr>
<th>CPT™ Code</th>
<th>Description</th>
<th>Work RVUs</th>
<th>Total RVUs</th>
</tr>
</thead>
<tbody>
<tr>
<td>93279</td>
<td>Programming device evaluation, single lead system</td>
<td>0.65</td>
<td>1.40</td>
</tr>
<tr>
<td>93280</td>
<td>dual lead system</td>
<td>0.77</td>
<td>1.63</td>
</tr>
<tr>
<td>93281</td>
<td>multiple lead system</td>
<td>0.90</td>
<td>1.92</td>
</tr>
<tr>
<td>93288</td>
<td>Interrogation device evaluation (in person), single, dual or multiple lead system</td>
<td>0.43</td>
<td>1.04</td>
</tr>
<tr>
<td>93286</td>
<td>Peri-procedural programming, single, dual or multiple lead system</td>
<td>0.30</td>
<td>0.77</td>
</tr>
<tr>
<td>93293</td>
<td>Trans-telephonic rhythm strip pacemaker evaluation</td>
<td>0.32</td>
<td>1.50</td>
</tr>
<tr>
<td>93294</td>
<td>Interrogation device evaluation (remote), up to 90 days; single, dual or multiple lead system; with interim analysis, review(s) and report(s)</td>
<td>0.65</td>
<td>0.96</td>
</tr>
<tr>
<td>93296</td>
<td>single, dual or multiple lead pacemaker or ICD system; remote data acquisition(s), transmissions, technician review and support, results distribution</td>
<td>0.00</td>
<td>0.73</td>
</tr>
</tbody>
</table>

### Implantable Cardiac Defibrillators

<table>
<thead>
<tr>
<th>CPT™ Code</th>
<th>Description</th>
<th>Work RVUs</th>
<th>Total RVUs</th>
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</thead>
<tbody>
<tr>
<td>93282</td>
<td>Programming device evaluation (in person) single lead ICD system</td>
<td>0.85</td>
<td>1.77</td>
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<tr>
<td>93283</td>
<td>dual lead ICD system</td>
<td>1.15</td>
<td>2.29</td>
</tr>
<tr>
<td>93284</td>
<td>multiple lead ICD system</td>
<td>1.25</td>
<td>2.54</td>
</tr>
<tr>
<td>93289</td>
<td>Interrogation device evaluation (in person), single, dual or multiple lead ICD system</td>
<td>0.92</td>
<td>1.84</td>
</tr>
<tr>
<td>93287</td>
<td>Peri-procedural programming evaluation (in person), single, dual or multiple lead ICD system</td>
<td>0.45</td>
<td>1.02</td>
</tr>
<tr>
<td>93295</td>
<td>Interrogation device evaluation (remote), single, dual or multiple lead ICD system; physician analysis, review and report</td>
<td>1.29</td>
<td>1.90</td>
</tr>
<tr>
<td>93296</td>
<td>single, dual or multiple lead pacemaker or ICD system; remote data acquisition(s), transmissions, technician review and support, results distribution</td>
<td>0.00</td>
<td>0.73</td>
</tr>
</tbody>
</table>
### Physician Coding (continued)

<table>
<thead>
<tr>
<th>CPT™ Code¹</th>
<th>Description</th>
<th>Work RVUs²</th>
<th>Total RVUs²</th>
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<tbody>
<tr>
<td><strong>Implantable Loop Recorders (ILR)</strong></td>
<td></td>
<td></td>
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<tr>
<td>93285</td>
<td>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; implantable loop recorder system</td>
<td>0.52</td>
<td>1.19</td>
</tr>
<tr>
<td>93291</td>
<td>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 loop recorder system</td>
<td>0.43</td>
<td>1.02</td>
</tr>
<tr>
<td>93298</td>
<td>Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional</td>
<td>0.52</td>
<td>0.76</td>
</tr>
<tr>
<td>93299</td>
<td>Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results</td>
<td>Carrier Determined</td>
<td></td>
</tr>
<tr>
<td><strong>Implantable Cardiac Monitors (ICM)</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>93290</td>
<td>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 monitor system, including analysis of one or more recorded physiologic cardiovascular data elements from all internal and external sensors</td>
<td>0.43</td>
<td>0.88</td>
</tr>
<tr>
<td>93297</td>
<td>Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of one 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</td>
<td>0.52</td>
<td>0.74</td>
</tr>
<tr>
<td>93299</td>
<td>Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results</td>
<td>Carrier Determined</td>
<td></td>
</tr>
</tbody>
</table>

¹ A list of CPT™ code¹ modifiers can be found at http://professional.sjm.com/resources.
Physician Coding for Cardiac Device Monitoring

### Pacemaker Device Monitoring
**Common CPT™ Codes**

- **In-Person**
  - Interrogation Evaluation
    - Any # of Leads
      - 93288
  - Programming Evaluation
    - Single Lead
      - 93279
    - Dual Lead
      - 93280
    - Multiple Lead
      - 93281

- **Remote**
  - Interrogation Evaluation
    - Professional
      - Any # of Leads
      - 93294
    - Technical
      - Any # of Leads
      - 93296

- **Remote**
  - Interrogation Evaluation
    - Any # of Leads
    - 93293

- **In-Hospital/Clinic**
  - Interrogation Evaluation
    - Any # of Leads
    - 93286

### Implantable Cardiac Defibrillator Device Monitoring
**Common CPT™ Codes**

- **In-Person**
  - Interrogation Evaluation
    - Any # of Leads
      - 93289
  - Programming Evaluation
    - Single Lead
      - 93282
    - Dual Lead
      - 93283
    - Multiple Lead
      - 93284

- **Remote**
  - Interrogation Evaluation
    - Professional
      - Any # of Leads
      - 93295
    - Technical
      - Any # of Leads
      - 93296

- **In-Hospital/Clinic**
  - Interrogation Evaluation
    - Any # of Leads
    - 93287

### Implantable Cardiac Monitor Device Monitoring
**Common CPT™ Codes**

- **In-Office**
  - Interrogation
    - 93290

- **Remote**
  - Professional
    - 93297
  - Technical
    - 93299
Responses to Common Questions

DEVICE CHECKS

Can a physician charge for both the technical and professional components for a device check, such as a pacemaker, if he/she does not own the equipment but both the physician and a pacemaker rep are present?

Ownership of the equipment is not the determining factor for billing the technical service. The physician practice may bill the technical service if the physician personally performs the technical service or employs the staff member who performs the technical service in the physician office. The technical services for the new codes include data acquisition(s), receipt of transmissions and technical review, technical support and distribution of results. If a device industry representative is involved in performing the technical service under the physician’s direction, then the physician may only bill the professional service, i.e., physician analysis, review(s) and report(s).

How do I bill for nurse visit when I check the device? Is it just the technical component, and then when the physician reads the report, can he/she bill the professional component? Does it make a difference if not done on the same day?

The physician practice may only bill the technical service if the physician personally performs the technical service or employs the staff member who performs the technical service. The technical service for the new codes includes data acquisition(s), receipt of transmissions and technical review, technical support and distribution of results. If a device industry representative is involved in performing the technical service under the physician’s direction, then the physician may only bill the professional service, i.e., physician analysis, review(s) and report(s). You may only bill a low level office visit (E/M) code if on the same day as an in-person interrogation/programming evaluation the patient has a reason for a history, physical and medical decision making E/M service. For example, the patient presents with a symptom that must be evaluated, or a B/P, cholesterol, CV exam, which involves an assessment above and beyond the device evaluation, is needed. A -25 modifier must be appended to the E/M service if the documentation meets a separately, identifiable E/M service was performed and documented.

If a patient has a remote device check and then presents to the hospital at some point within 30 or 90 days, and an interrogation is done, can that in-person interrogation be reimbursed?

Both codes for remote and in-person interrogation device evaluation cannot be reported for the same patient during the same 90-day period. If the device is monitored remotely, the appropriate remote interrogation evaluation code should be coded. If the device is interrogated in person during the same timeframe as a 90-day remote interrogation monitoring period, most likely the in-person evaluation will require a programming device evaluation. A programming device evaluation can be coded in addition to a remote interrogation evaluation within the same 90-day monitoring period.

PROGRAMMING

Can we charge for programming at time of implant?

No, CPT™ code guidelines state “the pacemaker and ICD interrogation device evaluations, peri-procedural device evaluations and programming, and programming device evaluations may not be reported in conjunction with pacemaker or ICD device and/or lead insertion or revision services by the same physician.”

How often may 93279 through 93281 be used if you stay with remote coding every 3 months. And may we continue telephone pacemaker testing which is per 90 days?

Programming evaluation codes may be reported as often as determined necessary by the physician. There are currently no frequency limitations assigned for programming evaluation codes. A trans-telephonic evaluation code 93293 cannot be reported in the same 90-day period of a remote interrogation (93294).

PHYSICIAN SUPERVISION

What are the supervision guidelines for remotes?

In order to bill the professional service (-26) for remote interrogations, Medicare expects the physician to personally perform the physician analysis, review and report. Additionally, if the physician is billing only the remote technical service (93296 or 93299) Medicare assigns general supervision (01) in the RBRVS fee schedule database, which is defined as “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.” Therefore, the physician’s staff must perform the technical services under the general supervision of the physician, which includes data acquisition(s), receipt of transmissions and technical review, technical support and distribution of results.

INTERROGATIONS

Code 93294 is only billed one time per 90 days, but if a nurse downloads data multiple times within the same 90 days, may 93296 be billed each time?

The 90 days is before the semicolon in the CPT code description and therefore applies to all indented codes. Multiple interrogations are expected to be performed within the 90-day period; however, only one code can be reported for those interrogations per 90 days. This applies to both the physician professional codes as well as the technical remote monitoring code. If payers allow more frequent billing based on medical necessity it will be published by each individual payer/Medicare contractor in local coverage determinations (LCDs).
Responses to Common Questions

Are these codes for interrogations for use in a hospital setting?

Most of the new 2009 device monitoring CPT™ codes are payable in the hospital outpatient setting under the APC system. Please refer to the following CMS website for payment rates and status indicators: http://www.cms.hhs.gov/HospitalOutpatientPPS/HORD/list.asp#TopOfPage

With remote monitoring, since the device interrogation information will be stored on servers, is there still a need to keep the info as part of the medical office’s records?

Yes, the requirements for documentation of interrogations are detailed in the introductory section of the CPT code manual for the new codes. It is the responsibility of the physician practice to maintain a copy of the documentation specific to each service in the physician office medical record.

During the global period, do you use a modifier for an interrogation R/T symptoms?

During the global period (90-days) of a pacemaker or ICD device implant/replacement programming evaluation, interrogation evaluation codes are not applicable to the 90-day global period. Per the Medicare Claims Processing Manual, Chapter 12 – Physicians/Non-Physician Practitioners, Section 40.1 diagnostic services and tests are excluded from the 90-day global period. Therefore, interrogations performed within the 90-day global of a device implant are not included in the global period and may be billed separately. Multiple interrogations are expected to be performed within the 90-day period; however, only one code can be reported for those interrogations per 90 days. This applies to both the physician professional codes as well as the technical remote monitoring code. If payers allow more frequent billing based on medical necessity, it will be published by each individual payer/Medicare contractor in LCDs.

INTERROGATIONS

Can we only bill 93296 and 93294 every 90 days regardless of medical necessity?

Codes 93294 and 93296 code descriptors provide for specific physician review or technical review; therefore, both codes are reported to reflect the global service (including technical and professional) or individual codes are reported based on the appropriate scenario. Multiple interrogations are expected to be performed within the 90-day period; however, only one code can be reported for those interrogations per 90 days. This applies to both the physician professional codes as well as the technical remote monitoring code. If payers allow more frequent billing based on medical necessity it will be published by each individual payer/Medicare contractor in LCDs.

E&M SERVICES

Does the 90-day global for the remote apply to an E/M code?

The 90-day period for remote interrogation services only applies to the remote services related to the device. If a separately, identifiable E/M service is provided during the remote 90-day service period, the E/M may be billed separately. A -25 modifier may apply if billed on the same day as the remote service. Different rules apply for E/M within the 90-day global period for a pacemaker or ICD device implant/replacement.

FREQUENCY GUIDELINES

Are the frequency guidelines as mentioned going to replace the current CMS frequency guidelines?

CMS has not yet published coverage guidelines related to medical necessity, frequency, etc. The Heart Rhythm Society will work with CMS to align frequency guidelines with the new coding structure. Since the current frequency limitations are restricted to the local Medicare contractor through local coverage determinations (LCDs), the contractors will incorporate the new codes and publish new LCDs, which may provide further billing instructions for frequency. Please contact your specific payer/Medicare contractor for new LCDs for the new codes.

What diagnosis is used when we increase the evaluation frequency for ERI? Is it part of the 90-day global?

The diagnosis codes for following a patient for a device evaluation in the absence of symptoms or device complications are as follows. If the patient has symptoms or a device complication, the appropriate code based on physician documentation should be reported.

- V53.31 Fitting and adjustment for cardiac pacemaker
- V53.32 Fitting and adjustment for ICD
- V53.39 Fitting and adjustment for other cardiac device (ILR, ICM)

If the frequency is increased due to ERI, this would be included in the 90-day remote service period. Multiple interrogations are expected to be performed within the 90-day period; however, only one code can be reported for those interrogations per 90 days. This applies to both the physician professional codes as well as the technical remote monitoring code. If payers allow more frequent billing based on medical necessity, it will be published by each individual payer/Medicare contractor in LCDs.

REMOTE SERVICES

Is the remote evaluation dependent on the geographical location of the patient (rural areas)?

No, there is no restriction for geographic areas such as rural with the new CPT codes.

If a patient refuses remote evaluations, and comes to the office monthly for battery evaluations nearing ERI, can we charge for an interrogation on that person every month?

The in-person interrogation code descriptions do not provide for frequency limitations as the remote interrogations. CMS has not yet published coverage guidelines related to medical necessity, frequency, etc. Current frequency limitations are restricted to the local Medicare contractor through LCDs. The contractors will incorporate the new codes and publish new LCDs, which may provide further billing instructions for frequency. Please contact your specific payer/Medicare contractor for new LCDs for the new codes.
Brief Summary: Prior to using these devices, please review the User’s Manual for a complete listing of indications, contraindications, warnings, precautions, potential adverse events and directions for use.

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References