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REIMBURSEMENT UPDATE

A report from Health Policy and Reimbursement, Corporate Relations

Reporting Cardiac Device Evaluation

Review of Instructions and Definitions

Introduction

Significant changes to the CPT codes for cardiac device evaluation became effective in 2009. These changes included codes and billing frequency to report remote evaluation of pacemakers, implantable cardioverter defibrillators (ICDs), implantable cardiovascular monitors (ICMs), and implantable loop recorders (ILRs). Distinct codes were added for the evaluation of biventricular devices with more than two leads, and new codes were added to report peri-procedural evaluation and programming of ICDs and pacemakers

This update provides a review of the instructions and definitions which direct appropriate coding and billing.

The codes and 2011 Medicare payment rates are in the attached Table. Payment rates are effective January 1 – December 31, 2011.

Reporting Instructions

Reporting instructions include important details regarding appropriate coding and billing frequency. For example, a service center may report pacemaker and ICD remote data acquisition during a period in which a physician performs an in-person interrogation device evaluation, but a physician may not report an in-person and remote interrogation of the same device during the same period. Additionally, remote monitoring of ICMs and ILRs cannot be reported more than once every 30 days (and cannot be reported if the monitoring period is less than 10 days). Remote monitoring of

EDITOR'S COMMENT

Billing Frequency vs. Monitoring Frequency

The device evaluation codes specify billing frequency, but that should not be confused with frequency of clinically indicated routine monitoring which is based on device and patient related factors. For example, the CPT codes for remote monitoring of pacemakers and ICDs have a billing frequency of no more than once per 90 days. This does not imply that the patient will require routine monitoring every 90 days; monitoring may be required more or less frequently based on the circumstances presented by the patient. In those cases that require more frequent monitoring, the service may be billed no more often than once every 90 days, irrespective of the number of transmissions.

Note that some payers have established frequency guidelines for routine monitoring that are not in alignment with the coding frequency. For example, some policies will cover routine monitoring of pacemakers twice the first month following implant and then every four months, unless there is medical justification of more frequent monitoring. Providers are encouraged to contact payers for coverage guidelines.

For more information on factors determining frequency of device evaluation, see the *HRS/EHRA Expert Consensus on Monitoring of Cardiovascular Implantable Electronic Devices* on the Hearth Rhythm Society website.

pacemakers and ICDs cannot be reported more than once every 90 days (and cannot be reported if the monitoring period is less than 30 days).

Reporting instructions appear with each group of codes in the attached Table.

Definitions

ICMs vs. ILRs

For both ICMs and ILRs, the collection of data may be the only function of the device, or it can be part of the function of a pacemaker or ICD. ICMs assist the physician in the management of non-rhythm related cardiac conditions such as heart failure. The devices collect longitudinal physiological cardiovascular data from one or more internal sensors (such as right ventricular pressure, left atrial pressure, or an index of lung water) and/or external sensors (such as blood pressure or body weight) for patient assessment and management. (I.e., ICMs collect non-rhythm related physiologic data.)

ILRs continuously record electrocardiograms (ECGs) triggered automatically by rapid and slow heart rates or by the patient during a symptomatic episode. (I.e., ILRs collect rhythm related non-physiologic data.)

For purposes of coverage, coding and payment the SJM Confirm™ is an ILR, because it collects rhythm related data.

Interrogation vs. Programming

For interrogation, the retrieved information is evaluated to determine the current programming of the device and to evaluate certain aspects of the device function such as battery voltage, lead impedance, tachycardia detection settings, and rhythm treatment settings.

Programming is iterative adjustments to assess and select the most appropriate final program parameters to provide for consistent delivery of the appropriate therapy and to verify the function of the device. The programming device evaluation includes all of the components of the device interrogation evaluation (remote or in person), as well as the selection of patient specific programmed parameters depending on the type of device. It is important to note that the final program parameters may or may not change after programming evaluation.

Remote Interrogation Device Evaluation vs. Transtelephonic Rhythm Strip Pacemaker Evaluation

Remote interrogation device evaluation is a procedure performed for patients with pacemakers, ICDs, or ILRs, using data obtained remotely. All device functions including the programmed parameters, lead(s), battery, capture and sensing function, presence or absence of therapy for ventricular tachyarrhythmias (for ICDs) and underlying heart rhythm are evaluated.

Transtelephonic rhythm strip pacemaker evaluation (also commonly known as transtelephonic pacemaker monitoring) is an ECG rhythm strip that provides information only on real-time device operation not patient or device diagnostics. The rhythm strip is evaluated for heart rate and rhythm, atrial and ventricular capture (if observed) and atrial and ventricular sensing (if observed). The battery status of the pacemaker is determined by measurement of the paced rate on the ECG rhythm strip.

Rhythm vs. Physiologic Data

ECG rhythm data is derived from recordings of the electrical activation of the heart including, but not limited to heart rhythm, rate, ST analysis, heart rate variability, and T-wave alternans.

Physiologic data is from one or more internal sensors (such as right ventricular pressure, left atrial pressure or an index of lung water) and/or external sensors (such as blood pressure or body weight) for patient assessment and management. It does not include ECG rhythm derived data elements.

Single, Dual, and Multiple Lead Devices

Single lead devices are pacemakers or ICDs with *pacing and sensing function* in only one chamber of the heart.

Dual lead devices are pacemakers or ICDs with *pacing and sensing function* in only two chambers of the heart.

Multiple lead devices are pacemakers or ICDs with *pacing and sensing function* in three or more chambers of the heart.

Peri-procedural device evaluation and programming is an in-person evaluation of an implantable device system (either a pacemaker or ICD) to adjust the device to settings appropriate for the patient prior to a surgery, procedure, or test. The device system data are interrogated to evaluate the lead(s), sensor(s), and battery in addition to review of stored information, including patient and system measurements. The device is programmed to settings appropriate for the surgery, procedure, or test, as required. A second evaluation and programming are performed after the surgery, procedure, or test to provide settings appropriate to the post procedural situation, as required.

Components for Interrogation

The components that must be evaluated for the various types of implantable cardiac devices are listed below. Required components for both remote and in-person interrogations are the same.

Pacemaker: Programmed parameters, lead(s), battery, capture and sensing function and heart rhythm.

ICD: Programmed parameters, lead(s), battery, capture and sensing function, presence or absence of therapy for ventricular tachyarrhythmias and underlying heart rhythm.

ICM: Programmed parameters and analysis of at least one recorded physiologic cardiovascular data element from either internal or external sensors.

ILR: Programmed parameters and the heart rate and rhythm during recorded episodes from both patient initiated and device algorithm detected events, when present.

Components for Programming

The components that must be evaluated for the various types of programming device evaluations are listed below.

Pacemaker: Programmed parameters, lead(s), battery, capture and sensing function, and heart rhythm. Often, but not always, the sensor rate response, lower and upper heart rates, AV intervals, pacing voltage and pulse duration, sensing value, and diagnostics will be adjusted during a programming evaluation.
ICD: Programmed parameters, lead(s), battery, capture and sensing function, presence or absence of therapy for ventricular tachyarrhythmias and underlying heart rhythm. Often, but not always, the sensor rate response, lower and upper heart rates, AV intervals, pacing voltage and pulse duration, sensing value, and diagnostics will be adjusted during a programming evaluation. In addition, ventricular tachycardia detection and therapies are sometimes altered depending on the interrogated data, patient's rhythm, symptoms, and condition.

ILR: Programmed parameters and the heart rhythm during recorded episodes from both patient initiated and device algorithm detected events. Often, but not always, the tachycardia and bradycardia detection criteria will be adjusted during a programming evaluation.

Supervision Requirements

The technical components of programming device evaluation, peri-procedural device evaluation and programming, and in-person interrogation device evaluation require direct physician supervision.

The technical component of remote interrogation device evaluation and transtelephonic rhythm strip pacemaker evaluation require general physician supervision.

Direct supervision: Physician must be present in the suite (not necessarily in the exam room) and immediately available to furnish assistance and direction throughout the performance of the procedure.

General supervision: Procedure is performed under the physician's overall direction and control, but the physician's presence is not required on the premises during the performance of the procedure.

Billing Remote Global Services

To bill for remote global services two codes are required.

93294 (pacemakers), 93295 (ICDs), 93297 (ICMs) and 93298 (ILRs) represent the professional component (physician analysis, review and report) associated with remote device interrogation.

93296 (pacemakers and ICDs) and 93299 (ICMs and ILRs) represent the technical component (receipt of transmissions and technician review, technical support and distribution of results) associated with remote interrogation.

The global service for pacemakers and ICDs is reported using 93296 for the technical component and either 93294 or 93295 for the professional component. The global service for ICMs and ILRs is reported using 93299 for the technical component and either 93297 or 93298 for the professional component.

Transtelephonic Rhythm Strip ILR Evaluation

Transtelephonic rhythm strip ILR evaluation is not addressed in the current codes. Contact payer for instructions on how to report this service.

Source

Current Procedural Terminology (CPT)® 2011,

Disclaimer

This information is provided to assist the recipient to understand the alternative codes and payment amounts that may be available when St. Jude Medical products are used. Note that codes, coverage, and payment can vary from setting to setting, and from insurer to insurer. This information does not guarantee that use of any particular codes will result in coverage or payment at any specific level. Insurers make reimbursement decisions according to the insurer's evaluation of the patient's medical needs. The provider should select the code or codes that most accurately describe the patient's conditions and the procedures performed and products used. The provider should fully comply with the insurer requirements in submitting claims. The billing entity is solely responsible for the accuracy of the codes submitted.

Cardiac Device Evaluation Codes and Medicare Fee Schedule Amounts

CPT Code	Description	CY 2011 Medicare Fee Schedule[1]		
		Global[2]	-TC[3]	- 26[4]
Programming Device Evaluation				
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 physician analysis, review and report; single lead pacemaker system	52.66	18.35	34.32
93280	dual lead pacemaker system	62.18	21.41	40.77
93281	multiple lead pacemaker system	72.37	24.80	47.57
93282	single lead implantable cardioverter-defibrillator system	66.59	22.08	44.51
93283	dual lead implantable cardioverter-defibrillator system	85.28	25.48	59.80
93284	multiple lead implantable cardioverter-defibrillator system	94.79	28.88	65.91
93285	implantable loop recorder system	44.17	16.99	27.18
Reporting Instructions: • Reported per procedure • May not be reported in conjunction with in-person interrogation device evaluations, peri-procedural device evaluations and programming, or device and/or lead insertion or revision • May be reported in addition to remote interrogation device evaluations during the remote interrogation device evaluation period • May not be reported for ILRs in conjunction with programming device evaluations for pacemakers and ICDs				
Peri-procedural Device Evaluation and Programming – Pacemakers and ICDs				
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after surgery, procedure or test with physician analysis, review and report; single, dual, or multiple lead pacemaker system	26.50	11.89	14.61
93287	single, dual, or multiple lead implantable cardioverter-defibrillator system	34.66	12.91	21.74
Reporting Instructions: • Reported once before and once after surgery, procedure, or test • May not be reported in conjunction with programming device evaluations or interrogation device evaluations for pacemakers or ICDs • If one provider performs both the pre- and post-evaluation and programming service, the appropriate code (93286 for pacemakers or 93287 for ICDs) would be reported two times • If one provider performs the pre-surgical service and a separate provider performs the post-surgical service, each reports either code only one time				

CPT Code	Description	CY 2011 Medicare Fee Schedule		
		Global	-TC	- 26
Interrogation Device Evaluation (In Person)				
93288	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system	39.75	17.33	22.42
93289	single, dual, or multiple lead implantable cardioverter-defibrillator system, including analysis of heart rhythm derived data elements	68.29	21.41	46.89
93290	implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	30.58	9.85	20.73
93291	implantable loop recorder system, including heart rhythm data derived analysis	38.05	15.63	22.42
93292	wearable defibrillator system	34.32	11.89	22.42
Reporting Instructions: • Reported per procedure • May not be reported in conjunction with programming device evaluations, peri-procedural device evaluations and programming, remote interrogation device evaluations, or device and/or lead insertion or revision • ICM device services are always reported separately from ICD services, even when the same device is capable of producing both (ECG rhythm derived elements are distinct from physiologic data) • When ILR data is derived from an ICD or pacemaker, ILR services are not reported separately from pacemaker or ICD services (both are ECG rhythm derived elements)				
Transtelephonic Rhythm Strip Pacemaker Evaluation				
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with physician analysis, review and report(s), up to 90 days	56.06	40.09	15.97
Reporting Instructions: • Reported no more than once every 90 days (and not to be reported if the monitoring period is less than 30 days) • May not be reported in conjunction with remote pacemaker interrogation • In-person evaluation of transtelephonic data should be reported using ECG codes (93040, 93041, 93042)				

CPT Code	Description	CY 2011 Medicare Fee Schedule
Interrogation (Remote) – Pacemakers and ICDs		
93294 and 93295 represent the professional component (physician analysis, review and report) associated with remote device interrogation for pacemakers and ICDs respectively. 93296 represents the technical component (receipt of transmissions and technician review, technical support and distribution of results) associated with remote interrogation of either kind of device. Billing for the global service requires two codes, 93296 for the technical component and either 93294 or 93295 for the professional component.		
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim physician analysis, review(s) and report(s)	34.66 (professional component, pacemakers)
93295	single, dual, or multiple lead implantable cardioverter-defibrillator system with interim physician analysis, review(s) and report(s)	68.29 (professional component, ICDs)
93296	single, dual, or multiple lead pacemaker systems or implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	32.62 (technical component)
Reporting Instructions: • Reported no more than once every 90 days (and not to be reported if the monitoring period is less than 30 days) • A period is established by the initiation of the remote monitoring or the 91st day of a pacemaker or ICD monitoring and extends for the subsequent 90 days • A service center may report pacemaker and ICD remote data acquisition during a period in which a physician performs an in-person interrogation device evaluation, but a physician may not report an in-person and remote interrogation of the same device during the same period • When an in-person interrogation device evaluation is performed during a period of remote interrogation device evaluation, only remote services may be reported • May be reported in addition to programming device evaluations during the remote interrogation device evaluation period • Data acquisition (93296) may not be reported in conjunction with remote interrogation data acquisition for ICMs and ILRs (93299) • ICM device services are always reported separately from ICD services, even when the same device is capable of producing both (ECG rhythm derived elements are distinct from physiologic data) • When ILR data is derived from an ICD or pacemaker, ILR services are not reported separately from pacemaker or ICD services		

CPT Code	Description	CY 2011 Medicare Fee Schedule
Interrogation (Remote) – ICMs and ILRs		
93297 and 93298 represent the professional component (physician analysis, review and report) associated with remote device interrogation for ICMs and ILRs respectively. 93299 represents the technical component (receipt of transmissions and technician review, technical support and distribution of results) associated with remote interrogation of either kind of device. Billing for the global service requires two codes, 93299 for the technical component and either 93297 or 93298 for the professional component. Contact the payer for instructions on how to report transtelephonic rhythm strip ILR evaluation.		
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, physician analysis, review(s) and report(s)	25.82 (professional component, ICMs)
93298	implantable loop recorder system, including analysis of recorded heart rhythm data, physician analysis, review(s) and report(s)	27.86 (professional component, ILRs)
93299	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	Carrier Priced – not published (technical component)

Reporting Instructions:

- Reported no more than once up to every 30 days (and not to be reported if the monitoring period is less than 10 days)
- A period is established by the initiation of the remote monitoring or the 31st day of an ILR or ICM monitoring and extends for the subsequent 30 days
- A service center may report ICM and ILR remote data acquisition during a period in which a physician performs an in-person interrogation device evaluation, but a physician may not report an in-person and remote interrogation of the same device during the same period
- When an in-person interrogation device evaluation is performed during a period of remote interrogation device evaluation, only remote services may be reported
- May be reported in addition to programming device evaluations during the remote interrogation device evaluation period
- Data acquisition (93299) may not be reported in conjunction with remote interrogation data acquisition for pacemakers and ICDs (93296)
- Remote interrogation of ICMs may not be reported in conjunction with remote interrogation of ILRs
- ICM device services (physiologic data) are always reported separately from ICD device services (heart rhythm derived elements), even when the same device is capable of producing both
- When ILR data is derived from an ICD or pacemaker, ILR services are not reported separately from pacemaker or ICD services (both are ECG rhythm derived elements)

[1] The Medicare fee schedule amounts are based on RVU and related information in the CY 2011 Physician Fee Schedule final rule (CMS-1503-FC). These base rates are adjusted, up or down, to reflect geographic differences.
[2] Both the technical and professional components.
[3] Technical component.
[4] Professional component.