



Heart Rhythm SocietySM

Restoring the Rhythm of Life

FAQs for Cardiovascular Device Monitoring: Implantable and Wearable Devices

1. The current CPT codes for pacemaker and ICD device analysis are described as single or dual chamber. The new codes are defined as single, dual or multiple lead device programming or interrogation evaluations. Explain the new revised code definitions.

Answer: The definitions for the new codes are based on the number of active leads and the number of chambers paced. Single is defined as a pacemaker or ICD with pacing and sensing function in only one chamber of the heart. For example, AAI(R), VVI (R) with one active lead. Dual is defined as a pacemaker or ICD with pacing and sensing function in only two chambers of the heart. For example, DDD(R) right atrium and right ventricle, AAI(R) right atrium and left atrium or VVI(R) right ventricle and left ventricle. Multiple lead is defined as pacemaker or ICD with pacing and sensing function in three or more chambers of the heart. For example, 3 or more active leads in a biventricular device.

2. Why are there three separate codes for programming device evaluations for single, dual or multiple leads when the interrogation device evaluations are assigned one code to include single, dual or multiple leads?

Answer: It was felt that the incremental work for a programming device evaluation was a function of the number of leads assessed. In contrast, for an interrogation device evaluation, the incremental work when there is more than one lead was not felt to be significant enough to justify additional codes.

3. If a programming device evaluation of a biventricular system with no atrial lead present is performed, how is this coded?

Answer: Since there are two leads, codes 93280 for a dual lead pacemaker system or 93283 for a dual lead ICD would be appropriate.

4. Current CPT codes for pacemaker and ICD analysis describe with reprogramming and without reprogramming. The new proposed code set does not include reprogramming terminology and instead describes device evaluations as “interrogation device evaluations” and “programming device evaluations.” Describe the differences.

Answer: Current CPT terminology defines reprogramming as “the non-invasive readjustment of such functions as rate, mode, pulse width, output sensitivity, atrioventricular interval, upper rate limit, and lower rate limit. The interval in which the sensing mechanism does not respond to cardiac activity or prolonged pauses intended to give the heart a chance to beat spontaneously, may also be reprogrammed as well. Reprogramming also describes the adjustment of functions of automatic implanted arrhythmia defibrillators, including tachycardia and fibrillation detection, tachycardia treatment, fibrillation treatment, and backup bradycardia pacing, among other functions.”

The term “programming evaluation” replaces reprogramming in the new code descriptions. The definition of programming evaluation includes all of the components of the interrogation device evaluation codes (remote or in person) therefore these codes should not be reported together for the same patient encounter. Programming evaluation varies by type of device but generally includes evaluation of all device functions, including battery, programmable settings and lead(s) when present. To assess capture thresholds iterative adjustments (e.g. progressive changes in pacing output of a pacing lead) of the programmable parameters are conducted. A programming evaluation allows the selection of patient specific programmed parameters depending on the type of device which differs from an interrogation evaluation which provides retrieved information for evaluation of current program settings in addition to device function such as battery voltage, lead impedance, tachycardia detection settings, and rhythm treatment settings. It is NOT necessary to choose different settings for the pacemaker or ICD after the iterative adjustment of the device to make the assessment of the most appropriate programmed values in order to code for a programming evaluation. Programming is included in pacemaker codes 93729, 93280 and 93281 and ICD codes 93282, 93283 and 93284. The codes for programming evaluations are to be reported per patient encounter. The codes for peri-procedural device evaluations are to be reported per surgery, procedure or test (93286-93287).

If a complete, programming evaluation is not performed and only an interrogation evaluation is necessary, the pacemaker interrogation evaluation code for in person 93288 or remote physician review and report 93294 should be coded. The same applies for ICD devices. Code 93289 for in person or 93295 for remote physician review and report should be coded for ICD interrogation evaluations. The in person interrogation evaluation codes are to be reported per patient encounter. The remote interrogation evaluation codes are to be reported once per 90 days regardless of the number of transmissions and physician reviews within those 90 days. Code 93296 for the technical monitoring should be reported once per 90 days by either an IDTF or a physician practice but not both.

5. Why are the remote interrogation device evaluations for pacemakers and ICDs reported per 90 days, while the programming and interrogation device evaluations are billed on a per patient encounter basis?

Answer: Conceptually, the programming device evaluation should only be billed as necessary. In a stable patient this may be as infrequent as once per year. However, if the situation demands and it is clinically indicated this can be more often. In contrast, the interrogation device evaluation codes are designed for the stable patient who requires intermittent monitoring to demonstrate adequate, continued and safe device function. In these patients it is felt that a remote interrogation device evaluation should be performed quarterly. For example, in a patient with a single chamber ICD placed for primary prevention, it would be reasonable to bill 93289 for an in person interrogation device evaluation once per year, often coinciding with an E&M office visit, and to bill the remote interrogation device evaluation 93295 thereafter.

6. If determined clinically appropriate by the physician can the remote interrogations codes for pacemakers and ICD systems (93294 – 93295) be billed more than once per 90 days?

Answer: 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 (93296).

7. The current existing CPT codes for pacemaker and ICD device interrogations with or without reprogramming do not describe frequency limitations. The proposed codes for programming device evaluation and in person interrogation device evaluation are reported

per patient encounter. Remote interrogation evaluations are reported per 90 days. Please provide details for how to bill the following overlap examples.

Example One: A patient has a remote interrogation device evaluation leading to an in person programming device evaluation during the same 90-day period. Could both a remote interrogation code (93294 or 93295) and an in person programming evaluation code (93288 – 93289) be reported by the same physician?

Example Two: A patient presents to the physician office for an in person interrogation device evaluation and 60 days later due to a device recall the physician performs an interrogation evaluation remotely. Could both an in person device evaluation code (93288 or 93289) and a remote interrogation device evaluation code (93294 or 93295) be reported by the same physician?

There are parenthetical notes indicating that the in person interrogation device evaluation codes are not to be reported with the remote interrogation device evaluation codes. Example, code 93288 is not to be used with 93294 for a pacemaker system interrogation evaluation.

Answer:

Example One: Physician work for the remote interrogation device codes is predicated on the preparation of the report covering the specified time period, not how many transmissions are received. Coding for the remote 90-day interrogation evaluation codes (pacemaker evaluation code 93294 or ICD evaluation code 93295) is only allowed once per 90 days, even if data is transmitted and reviewed more than once during the 90-day period. If during the specified interrogation period a programming evaluation is necessary, the codes can be billed concurrently. Therefore, if within the 90 days of the remote interrogation an in person programming evaluation is medically necessary, the remote 90 day interrogation code and the in person programming evaluation code could be coded for the same patient by the same physician.

Example Two: 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. Other in person services may also be coded such as evaluation and management services, if necessary.

8. How would a remote interrogation device evaluation be coded if the technical service were provided by the physician practice not an independent diagnostic treatment facility (IDTF)? The same physician also provides the professional review and report.

Answer: Code 93294 for a pacemaker evaluation or 93295 for an ICD evaluation to reflect the physician review and report. Code additionally the 93296 for the remote technical data acquisition, receipt of transmissions and technician review, technical support and distribution of results.

9. How would a remote interrogation device evaluation (93294– 93295) be coded if the technical service monitoring is provided by an IDTF and the results sent to the physician for review?

Answer: The IDTF codes 93296 for the remote technical data acquisition, receipt of transmissions and technician review, technical support and distribution of results. The physician

codes 93294 for a pacemaker evaluation or 93295 for an ICD evaluation to reflect the physician review and report.

10. If a patient with a transtelephonic pacemaker is nearing elective battery replacement and warrants frequent device checks such as weekly, can code 93293 be reported more than once in a 90-day period?

Answer: Code 93293 is described as per 90 days; therefore while it may be clinically appropriate to perform multiple evaluations within a 90-day period, only one code can be reported per 90 days.