

# ABBOTT CODING GUIDE

## INSERTABLE CARDIAC MONITORS (ICM)

### Hospital Inpatient:

Fiscal Year 2020 rates are effective from October 1, 2019 - September 30, 2020

### Physician, Hospital Outpatient, and Ambulatory Surgical Center:

Calendar Year 2020 rates are effective from January 1, 2020 - December 31, 2020. See details on the Intro page.

# INSERTABLE CARDIAC MONITORS (ICM)

## Remote Monitoring Reimbursement Changes

Effective January 1, 2020, the code for the technical component of remote monitoring for **Implantable Cardiovascular Physiologic Monitoring Systems and Implantable/Insertable Cardiac Monitors (ICMs)**, CPT Code 93299, will be deleted. The Centers for Medicare & Medicaid Services (CMS) created a new G-code, G2066, to report this service. G2066 can be reported by physicians and outpatient hospitals. G2066 will continue to be carrier-priced, as 93299 was, and the description of the code will be the same. See pages 4, 6, and 8 for more information.

## Introduction

The Insertable Cardiac Monitors (ICM) Coding Guide is intended to provide reimbursement educational information tied to use of these products when used consistently with the products' labeling. This guide includes information regarding coverage, coding and reimbursement, as well as general information regarding appealing denied claims and supporting documentation.

## Reimbursement Hotline

In addition, Abbott offers a reimbursement hotline, which provides live coding and reimbursement information from dedicated reimbursement specialists. Coding and reimbursement support is available from 8 a.m. to 5 p.m. Central Time, Monday through Friday at (855) 569-6430 or [hce@abbott.com](mailto:hce@abbott.com). This guide and all supporting documents are available [www.cardiovascular.abbott/us/en/hcp/reimbursement.html](http://www.cardiovascular.abbott/us/en/hcp/reimbursement.html). Coding and reimbursement assistance is provided subject to the disclaimers set forth in this guide.

## Disclaimer

This document and the information contained herein is for general information purposes only and is not intended and does not constitute legal, reimbursement, coding, business or other advice. Furthermore, it is not intended to increase or maximize payment by any payer. Nothing in this document should be construed as a guarantee by Abbott regarding levels of reimbursement, payment or charge, or that reimbursement or other payment will be received. Similarly, nothing in this document should be viewed as instructions for selecting any particular code. The ultimate responsibility for coding and obtaining payment/reimbursement remains with the customer. This includes the responsibility for accuracy and veracity of all coding and claims submitted to third-party payers. Also note that the information presented herein represents only one of many potential scenarios, based on the assumptions, variables and data presented. In addition, the customer should note that laws, regulations, coverage and coding policies are complex and updated frequently. Therefore, the customer should check with their local carriers or intermediaries often and should consult with legal counsel or a financial, coding or reimbursement specialist for any coding, reimbursement or billing questions or related issues. This information is for reference purposes only. It is not provided or authorized for marketing use.

# CODING AND REIMBURSEMENT FOR INSERTABLE CARDIAC MONITORS (ICM)

## Physician<sup>1</sup> In-Office

Effective January 1, 2020 to December 31, 2020

CPT# CODE	DESCRIPTION	WORK RVU	PRACTICE RVU	MALPRACTICE RVU	TOTAL RVU	2020 MEDICARE NON-FACILITY RATE
<b>INSERTABLE CARDIAC MONITORS</b>						
33285	Insertion of a subcutaneous cardiac rhythm monitor	1.53	141.09	0.34	142.96	\$5,159
33286	Removal of a subcutaneous cardiac rhythm monitor	1.50	1.97	0.34	3.81	\$138
<b>INSERTABLE CARDIAC MONITORING</b>						
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	0.52	0.97	0.03	1.52	\$55
93291	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; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis)	0.37	0.83	0.02	1.22	\$44

It is incumbent upon the physician to determine which, if any modifiers should be used first.

# CODING AND REIMBURSEMENT FOR INSERTABLE CARDIAC MONITORS (ICM)

## Physician<sup>1</sup> In-Office

Effective January 1, 2020 to December 31, 2020

CPT <sup>†</sup> CODE	DESCRIPTION	WORK RVU	PRACTICE RVU	MALPRACTICE RVU	TOTAL RVU	2020 MEDICARE NON-FACILITY RATE
<b>INSERTABLE CARDIAC MONITORING</b>						
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	0.52	0.21	0.05	0.78	\$28
G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	carrier priced*	carrier priced*	carrier priced*	carrier priced*	carrier priced*

\*Carrier priced: Medicare has not established a payment amount for this code. Check with your local Medicare Administrative Contractor (MAC) to verify the payment amount.

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. 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).

It is incumbent upon the physician to determine which, if any modifiers should be used first.

# CODING AND REIMBURSEMENT FOR INSERTABLE CARDIAC MONITORS (ICM)

## Physician<sup>1</sup> In-Facility

Effective January 1, 2020 to December 31, 2020

CPT <sup>+</sup> CODE	DESCRIPTION	WORK RVU	PRACTICE RVU	MALPRACTICE RVU	TOTAL RVU	2020 MEDICARE FACILITY RATE
<b>INSERTABLE CARDIAC MONITORS</b>						
33285	Insertion of a subcutaneous cardiac rhythm monitor	1.53	0.70	0.34	2.57	\$93
33286	Removal of a subcutaneous cardiac rhythm monitor	1.50	0.69	0.34	2.53	\$91
<b>INSERTABLE CARDIAC MONITORING</b>						
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	0.52	0.21	0.02	0.75	\$27
93291	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; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis)	0.37	0.15	0.01	0.53	\$19

The facility rates shown here reflect payment when modifier 26 is used, if available. If modifier 26 is not available, the facility rates shown here reflect the global fee. It is incumbent upon the physician to determine which, if any modifiers should be used first.

# CODING AND REIMBURSEMENT FOR INSERTABLE CARDIAC MONITORS (ICM)

## Physician<sup>1</sup> In-Facility

Effective January 1, 2020 to December 31, 2020

CPT# CODE	DESCRIPTION	WORK RVU	PRACTICE RVU	MALPRACTICE RVU	TOTAL RVU	2020 MEDICARE FACILITY RATE
<b>INSERTABLE CARDIAC MONITORING</b>						
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	0.52	0.21	0.05	0.78	\$28
G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	carrier priced*	carrier priced*	carrier priced*	carrier priced*	carrier priced*

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. 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).

\*Carrier priced: Medicare has not established a payment amount for this code. Check with your local Medicare Administrative Contractor (MAC) to verify the payment amount.

# CODING AND REIMBURSEMENT FOR INSERTABLE CARDIAC MONITORS (ICM)

## Ambulatory Surgical Center<sup>4</sup> (ASC)

Effective January 1, 2020 to December 31, 2020

CPT <sup>†</sup> CODE	DESCRIPTION	PAYMENT INDICATOR	MULTI-PROCEDURE DISCOUNT	2020 NATIONAL MEDICARE RATE
<b>INSERTABLE CARDIAC MONITORS</b>				
33285	Insertion of a subcutaneous cardiac rhythm monitor	J8	Y	\$6,655
33286	Removal of a subcutaneous cardiac rhythm monitor	G2	N	\$308
<b>INSERTABLE CARDIAC MONITORING</b>				
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	IN	Nonsurgical procedure not Medicare allowable in ASC	
93291	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; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis)	IN	Nonsurgical procedure not Medicare allowable in ASC	
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	IM	Not allowable on a Medicare ASC claim	
G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	IN	Nonsurgical procedure not Medicare allowable in ASC	

IN = Nonsurgical Procedure not Medicare allowable in ASC

IM = Not allowable on a Medicare ASC claim

G2 = Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight

J8 = Device-intensive procedure; paid at adjusted rate

# CODING AND REIMBURSEMENT FOR INSERTABLE CARDIAC MONITORS (ICM)

## Hospital Outpatient<sup>2</sup>

Effective January 1, 2020 to December 31, 2020

CPT# CODE	DESCRIPTION	STATUS INDICATOR	APC	2020 MEDICARE NATIONAL RATE
<b>INSERTABLE CARDIAC MONITORS</b>				
33285	Insertion of a subcutaneous cardiac rhythm monitor	J1	5222	\$7,641
33286	Removal of a subcutaneous cardiac rhythm monitor	Q2	5071	\$610
<b>INSERTABLE CARDIAC MONITORING</b>				
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	Q1	5741	\$36
93291	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; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis)	Q1	5731	\$23
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	Not payable in hospital outpatient		
G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Q1	5741	\$36
<b>EVENT RECORDER C-CODE</b>				

C1764 Event recorder, cardiac (implantable)

C-codes are utilized for reporting purposes only, no payment is associated.

J1 = Hospital Part B services paid through a comprehensive APC

Q1 = Packaged when billed on the same date of service with any other code with a status indicator of S, T, V, or X. If not, they are separately payable under a separate APC.

Q2 = T-Packaged codes; packaged payment if billed on the same date of service as a HCPCS code assigned status indicator "T". In other circumstances, payment is made through a separate APC payment.



# CODING AND REIMBURSEMENT FOR INSERTABLE CARDIAC MONITORS (ICM)

## Hospital Inpatient<sup>3</sup>

Effective Dates: October 1, 2019 - September 30, 2020

ICD-10 PCS CODE <sup>7</sup>	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	MEDICARE NATIONAL PAYMENT RATE
<b>INSERTION</b>			
0JH632Z	Insertion of monitoring device into chest subcutaneous tissue and fascia, percutaneous approach	260 with MCC	\$23,156
		261 with CC	\$12,196
		262 without CC/MCC	\$10,500
<b>MONITORING AND REMOVAL</b>			
4A12X45	Monitoring of cardiac electrical activity, ambulatory, external approach	Monitoring and removal-procedures do not impact MS-DRG assignment	NA
0JPT32Z	Removal of monitoring device from trunk subcutaneous tissue and fascia, percutaneous approach		

260: Cardiac Pacemaker Revision Except Device Replacement with MCC

261: Cardiac Pacemaker Revision Except Device Replacement with CC

262: Cardiac Pacemaker Revision Except Device Replacement without CC/MCC

CC: complication or comorbidity. MCC: a major complication or comorbidity when used as a secondary diagnosis

NA: No reimbursement rate is available.

## COVERAGE FOR INSERTABLE CARDIAC MONITORS

### MEDICARE

Insertable cardiac monitor procedures will typically be covered when they are “reasonable and necessary” and documented to be the most appropriate technology for the patient to meet coverage policy.

Examples when insertable cardiac monitor procedures are covered with sufficient physician documentation:

- An insertable cardiac monitor is used when syncope is thought to be cardiac related, but is too infrequent to be detected by either a holter monitor or a traditional pre-symptom memory loop recorder.
- An insertable cardiac monitor is used after a cardiac ablation in patients with suspected arrhythmia with infrequent symptoms.

Physician documentation should include the presence of symptoms and justification for suspected arrhythmia to support coverage for the insertion of a cardiac monitor after a cardiac ablation procedure.

### PRIVATE PAYERS

Private payer coverage of insertable cardiac monitors varies by payer policy. We recommend that you check your private payer contracts and policies to verify appropriate conditions of coverage.

Our Abbott team is available for coding and reimbursement support from 8 a.m. to 5 p.m. central time, Monday through Friday at (855) 569-6430 or [hce@abbott.com](mailto:hce@abbott.com)

## References

1. Physician Prospective Final Rule CY2020 Payment Rates. CMS-1715-F: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-F.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending>
2. Hospital Outpatient Prospective Payment-Notice of Final Rule Making CY2020 Payment Rates. CMS-1717-FC: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1717-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending>
3. Hospital Inpatient Prospective Payment-Final Rule FY2020 Payment Rates. CMS-1716-F: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2020-IPPS-Final-Rule-Home-Page-Items/FY2020-IPPS-Final-Rule-Regulations.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=ascending>
4. Ambulatory Surgical Center Payment- Notice of Final Rulemaking CY2020 Payment Rates. CMS-1717-P: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Regulations-and-Notices-Items/CMS-1717-FC.html>

**CAUTION:** This product is intended for use by or under the direction of a physician. Prior to use, reference the Instructions for Use, inside the product carton (when available) or at [medical.abbott/manuals](http://medical.abbott/manuals) for more detailed information on Indications, Contraindications, Warnings, Precautions and Adverse Events.

### Abbott

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