

CARDIAC RHYTHM MANAGEMENT

# Cardiac Device Monitoring Quick Reference Guide

This quick reference guide is designed to support hospitals and physicians by summarizing commonly reported procedure codes for cardiac device monitoring services. The codes presented reflect typical billing practices but may not represent all available options. Abbott offers reimbursement support via email at [AbbottEconomics@abbott.com](mailto:AbbottEconomics@abbott.com). Customer reimbursement assistance is provided subject to the disclaimers set forth in this guide.

## Pacemaker/CRT-P Device Monitoring<sup>†</sup>

CPT <sup>†</sup> Code <sup>1</sup>	Description
93279*	A periodic evaluation of an implanted pacemaker with one or more leads. The check up includes program adjustments, function testing and a physician report. <b>(In Person)</b>
93280*	A periodic evaluation of an implanted pacemaker with one or more leads. The check up includes program adjustments, function testing and a physician report. <b>(In Person)</b>
93281*	A periodic evaluation of an implanted pacemaker with one or more leads. The check up includes program adjustments, function testing and a physician report. <b>(In Person)</b>
93288*	An office visit for evaluation of the function of a single-, dual- or multiple-lead pacemaker. Connections, recording and disconnections are tested. <b>(In Person)</b>
93294	Remote evaluation for up to 90 days of the function of a single-, dual- or multiple-lead pacemaker. <b>(Remote)</b>
93296	Remote evaluation for up to 90 days of the function of a single-, dual- or multiple-lead pacemaker. <b>(Remote)</b>
93286*	Testing and programming of a single-, dual- or multiple-lead pacemaker shortly before or after surgery. <b>(In Person)</b>
93293*	Up to 90 days of electronically transmitted recordings from a single-, dual- or multiple-lead pacemaker.
93724*	Test to check a pacemaker device's recording and its ability to correct heart rhythm and speed.
0804T	Office visit to evaluate a heart device that emits electrical pulses to train the heart, improving its function. <b>(In Person)</b>
0826T	Office visit to evaluate mechanical device that increases blood flow to the heart. <b>(In Person)</b>

## Implantable cardiovascular physiologic monitoring

CPT <sup>†</sup> Code <sup>1</sup>	Description
93290*	An office visit for evaluation of the function of an implanted heart monitor. Connections, recording, event data analysis and disconnections are tested. <b>(In Person)</b>
93297*	Remote evaluation for up to 30 days of an implanted heart monitoring device. The review includes a report and analysis of data from at least one event. <b>(Remote)</b>

## Implantable Cardiac Monitor (ICM)

CPT <sup>†</sup> Code <sup>1</sup>	Description
93285*	A periodic evaluation of an implanted heart event recorder. The check up includes program adjustments, function testing and a physician report. <b>(In Person)</b>
93291*	An office visit for evaluation of the function of an implanted heart event recorder. Connections, recording, event data analysis and disconnections are tested. <b>(In Person)</b>
93298*	Remote evaluation for up to 30 days of an implanted heart event recorder. The review includes a report and analysis of data from at least one event. <b>(Remote)</b>
0650T	Remote programming to evaluate a device implanted under the skin which monitors electrical activity in the heart (cardiac rhythm). <b>(Remote)</b>

## Transvenous implantable defibrillator procedures

CPT <sup>†</sup> Code <sup>1</sup>	Description
93282*	A periodic evaluation of an implanted heart rhythm regulator (cardioverter-defibrillator) with one or more leads. The check up includes program adjustments, function testing and a physician report. <b>(In Person)</b>
93283*	A periodic evaluation of an implanted heart rhythm regulator (cardioverter-defibrillator) with one or more leads. The check up includes program adjustments, function testing and a physician report. <b>(In Person)</b>
93284*	A periodic evaluation of an implanted heart rhythm regulator (cardioverter-defibrillator) with one or more leads. The check up includes program adjustments, function testing and a physician report. <b>(In Person)</b>
93289*	An office visit to evaluate the function of a heart rhythm device (cardioverter-defibrillator). Connections, recording, event data analysis and disconnections are tested. <b>(In Person)</b>
93295	Remote evaluation for up to 90 days of the function of a single-, dual- or multiple-lead pacemaker. <b>(Remote)</b>
93296	Remote evaluation for up to 90 days of the function of a single-, dual- or multiple-lead pacemaker. <b>(Remote)</b>
93287*	Testing and programming of a single-, dual- or multiple-lead pacemaker shortly before or after surgery. <b>(In Person)</b>

<sup>†</sup> Includes Transvenous and Leadless

\* Service performed in a facility setting (i.e., hospital) may require a -26 modifier that represents professional component only.

Insertable/Implantable Cardiac Monitor (ICM) = Insertable Loop Recorder (ILR) = Subcutaneous Cardiac Rhythm Monitor (SCRM)

Therapy	Programming	In-Person Interrogation	Remote Interrogation/ Remote Monitoring		Remote Programming	Peri- Procedural Device Evaluation	Transtelephonic Rhythm Strip Evaluation
			Professional	Institutional			
Pacemaker	93279, 93280, 93281	93288	93294*	93296*	NA	93286	93293
Implantable Cardiac Device (ICD)	93282, 93283, 93284	93289	93295*	93296*	NA	93287	NA
Implantable Cardiovascular Physiologic Monitoring	NA	93290	93297-26 <sup>†</sup>	93297-TC <sup>†</sup>	NA	NA	NA
Insertable Cardiac Monitor (ICM)	93285	93291	93298-26 <sup>†</sup>	93298-TC <sup>†</sup>	0650T <sup>#</sup>	NA	NA
Leadless Pacemaker	93279, 0804T, 0826T	93288	93294*	93296*	NA	93286	NA

\* Reported no more than once every 90 days. Do not report if the monitoring period is less than 30 days.  
<sup>†</sup> Reported no more than once every 30 days. Do not report if the monitoring period is less than 10 days.  
<sup>#</sup> Abbott's AsserIQ™ ICM is the only ICM in Abbott's portfolio that has remote programming functionality.  
 Note: Category III CPT<sup>†</sup> Codes may be assigned, but reimbursement is not guaranteed and remains subject to payer-specific coverage and payment policies.

## ADDITIONAL CODING INFORMATION

Review the applicable CPT<sup>†</sup> code definitions to confirm that the code you select aligns with all requirements for each individual code. For guidance on how individual policies apply, consult the appropriate Medicare contractor or payer. It's also important to verify any relevant National Correct Coding Initiative (NCCI) edits.

CPT<sup>†</sup> codes for cardiac device evaluation include both in-person evaluations and remote monitoring services. Remote monitoring codes correspond to either a 30-day or 90-day period, and separate codes exist to report the PC and TC.

### PHYSICIAN SUPERVISION REQUIREMENTS:

Medicare classifies cardiac device monitoring as a diagnostic service<sup>3</sup>, which means that specific supervision rules apply. These supervision standards relate to the TC of the electronic analysis of implanted cardiac devices and must be followed in addition to any other Medicare coverage criteria. Information on the required supervision level for each CPT<sup>†</sup> code can be found through the Medicare Physician Fee Schedule (PFS) lookup tool or within the PFS Relative Value Files for the applicable year.<sup>4</sup> Medicare requires:

- Remote interrogation services and transtelephonic pacemaker monitoring may be carried out under **general supervision**,<sup>5</sup> meaning the physician's physical presence is not required during the TC of the service, but the procedure is furnished under the physician's overall direction. Even when not on site, the physician remains responsible for ensuring that non-physician staff are properly trained and that equipment and supplies are appropriately maintained.
- In-person cardiac device evaluations performed in an office POS require **direct supervision**,<sup>6</sup> which means a physician must be immediately available to offer assistance and direction while the TC is being performed. The physician does not have to be in the same room where the procedure is taking place, as long as they are immediately available.

Medicare's rules for diagnostic testing specify that only a physician may serve as the supervising provider. Non-Physician Practitioners (NPPs), including nurse practitioners and physician assistants, may supervise these services only in states where their scope of practice and state law explicitly permit it.<sup>7</sup>

### COMMONLY USED MODIFIERS:

–**26: Professional component (PC):** Some services include both a professional element and a technical element. When only the physician's or qualified health care professional's portion of the service is being billed, modifier –26 is appended to indicate that only the professional work is being reported.

–**TC: Technical component:** For services that consist of both technical and professional portions, modifier –TC is used when billing solely for the technical aspect. Adding this modifier clarifies that only the technical portion of the service is being submitted.

### HOSPITAL INPATIENT OR OUTPATIENT BILLING:

For hospital-based services, billing is divided ("split billed") between two claim types. The PC is submitted by the physician or group using the CMS-1500 professional claim form, while the hospital reports the TC, or facility fee, on the UB-04 claim form.

### PHYSICIAN BILLING:

In some cases, remote monitoring performed in an office Place of Service (POS) requires reporting two separate CPT<sup>†</sup> codes when the practice provides both components of the service. One code is used to bill the PC, while a second code is used for the TC. Common pairings include: CPT<sup>†</sup> codes 93294 and 93296, and 93295 and 93296.

Certain in-person evaluation codes and specific remote monitoring codes (such as CPT<sup>†</sup> codes 93297, 93298, and 0650T) are designated as global codes. When an in-person device evaluation or interrogation occurs in a facility setting (hospital), the PC should be billed by appending modifier –26 to the appropriate global code. This modifier is not used when a distinct PC code already exists, as is the case with CPT<sup>†</sup> codes 93294 and 93295.

- The PC represents the physician's time, intensity of the service and related activities that occur before and after direct interaction with the patient.<sup>3</sup>
- The TC reflects the practice resources required to deliver the service, such as staff wages, equipment, and overhead expenses. For remote monitoring, CPT<sup>†</sup> code descriptions outline the technical responsibilities, which may include acquiring remote data, receiving and processing transmissions, technician review, technical support, and distributing results.<sup>3</sup>

**References:**

1. CPT<sup>†</sup> 2026 - American Medical Association:  
<https://www.ama-assn.org>
2. CMS Medicare Claims Processing Manual Chapter 26:  
<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c26pdf.pdf>
3. CMS Medicare Claims Processing Manual Chapter 13:  
<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c13.pdf>
4. CMS PFS Relative Value Files:  
<https://www.cms.gov/medicare/payment/fee-schedules/physician/pfs-relative-value-files>
5. CMS Medicare Benefit Policy Manual Chapter 15:  
<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c15.pdf>
6. CMS Medicare Benefit Policy Manual Chapter 6:  
<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c06.pdf>
7. Payment Policies under the PFS and Other Changes to Part B Payment Policies CY 2021:  
<https://public-inspection.federalregister.gov/2020-26815.pdf>

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