HEALTH ECONOMICS & REIMBURSEMENT

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. Customer reimbursement assistance is provided subject to the disclaimers set forth in this guide.

Pacemaker/CRT-P Device Monitoring†

CPT‡ Code[1]	Description
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 analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber
93280*	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; dual lead pacemaker system
93281*	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; multiple lead pacemaker system
93288*	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; single, dual, or multiple lead pacemaker system, or leadless pacemaker system
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results
93286*	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system
93293*	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days
93724*	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)
0804T	Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device and to select optimal permanent programmed values, with analysis, review, and report, by a physician or other qualified health care professional, leadless pacemaker system in dual cardiac chambers
0826T	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, leadless pacemaker system in single-cardiac chamber

Implantable cardiovascular physiologic monitoring

CPT‡ Code[1]	Description
93290*	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 physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors
93297*	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 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

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

Implantable Cardiac Monitor (ICM)

CPT‡ Code[1]	Description
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
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
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
0650T	Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of the implantable device to test the function of the device and select optimal permanently programmed values with analysis, review and report by a physician or other qualified health care professional

Transvenous implantable defibrillator procedures

CPT‡ Code[1]	Description
93282*	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; single lead transvenous implantable defibrillator system
93283*	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; dual lead transvenous implantable defibrillator system
93284*	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; multiple lead transvenous implantable defibrillator system
93289*	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; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results
93287*	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system

* 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)

Summary of CPT‡ Codes

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†	93297-TC†	NA	NA	NA
Insertable Cardiac Monitor (ICM)	93285	93291	93298-26†	93298-TC†	0650T#	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.
† Reported no more than once every 30 days. Do not report if the monitoring period is less than 10 days.
# Abbott's AssertIQ™ ICM is the only ICM in Abbott's portfolio that has remote programming functionality.
Note: For modifier usage, please see full description section above.

Category III CPT‡ codes, or T-codes, are temporary codes assigned to emerging technologies. T-codes do not have established RVUs or reimbursement rates and are contractor-priced. The AVEIR™ AR and AVEIR™ DR Leadless Pacemaker procedures have T-codes. Check your local payer contracts and policies to verify appropriate conditions of coverage and payment.

Contact LeadlessReimbursement@abbott.com to request Physician Coding Guides, including instructions for Category III CPT‡ codes.

ADDITIONAL CODING INFORMATION

Review the applicable CPT‡ 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‡ 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[3], 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‡ code can be found through the Medicare Physician Fee Schedule (PFS) lookup tool or within the PFS Relative Value Files for the applicable year.[4] Medicare requires:

- Remote interrogation services and transtelephonic pacemaker monitoring may be carried out under ***general supervision***,[5] 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***,[6] 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.[7]

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‡ 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‡ codes 93294 and 93296, and 93295 and 93296.

Certain in-person evaluation codes and specific remote monitoring codes (such as CPT‡ 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‡ 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.[3]
- The TC reflects the practice resources required to deliver the service, such as staff wages, equipment, and overhead expenses. For remote monitoring, CPT‡ code descriptions outline the technical responsibilities, which may include acquiring remote data, receiving and processing transmissions, technician review, technical support, and distributing results.[3]

References:

1. CPT‡ 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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