

FAQ

Device Monitoring Codes

GuidePoint

Simplifying Reimbursement

Cardiac Rhythm Management
and Electrophysiology

Updated March 2010

Overview

1. What were the changes to the 2009 CPT® codes for CRM device monitoring?

All of the existing device monitoring codes have been replaced with new codes. They will go into effect January 1, 2009.

2. Besides the code numbers changing, what else is new?

Code descriptions have also changed to include the following:

- Implantable Cardiac Monitor (ICM) evaluation code established
- Distinct codes for in-person and remote device interrogations
- Transtelephonic codes define frequency of every 90 days
- Device programming codes now based on number of leads
- Peri-procedural device evaluation codes established

Implantable Cardiac Monitor (ICM) evaluation code

3. What is an ICM?

ICM stands for Implantable Cardiac Monitor. An ICM is used to assist the physician in the management of non-rhythm related cardiac conditions such as heart failure. The device collects data over time from internal sensors (such as respiratory rate,¹ right ventricular pressure, left atrial pressure, or an index of lung water) and/or external sensors (such as blood pressure or body weight).² This monitor can be a standalone device or a function of another device (pacemaker, ICD, CRT-D, CRT-P).

4. What Boston Scientific features qualify as an ICM?

CPT® states that an ICM collects longitudinal physiologic cardiovascular data elements from one or more internal or external sensors. Therefore, Boston Scientific device features that describe an ICM would include weight and blood pressure (external sensor).

5. Can an ICM and an ICD be coded on the same day by the same physician or practice?

According to the CPT®, these are separately billable services that can be coded and submitted on the same day

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Distinct codes for in person and remote device interrogations

6. For 2009, does remote monitoring have its own code and how often can a remote interrogation be done?

Yes. CPT® 2009 has added distinct codes for remote monitoring separate from in person interrogations. These remote monitoring codes can be billed once every 90 days, regardless of the number of interrogations done within that time period.

7. How are the technical and professional codes billed for remote monitoring?

The professional and technical components are assigned their own codes. Therefore, if the clinic is performing both the technical and the professional component for remote monitoring, both codes would be billed.

8. Does the billing frequency noted above imply that monitoring can only occur once every 30 or 90 days?

The CPT® code can be billed once every 30 or 90 days. Although device checks can occur more frequently, the code can be submitted only as per frequency guidelines.

Device	Pacemaker	ICD	Implantable Loop Recorder (ILR)	Implantable Cardiac Monitor (ICM)
Billing Frequency for remote monitoring ONLY	90 days	90 days	30 days	30 days

9. If a physician received a yellow or red alert and the patient came into the clinic to have the device checked, can the in-person service be coded?

If the clinic performs a programming device evaluation (reprograms the device), then they may code for the service. However, if only an interrogation is performed in-person while the patient is being followed remotely, then the interrogation is considered part of the remote monitoring service.

Therefore:

- The in-person interrogation codes cannot be reported for a patient that is being followed remotely.
- The programming device evaluation codes can be reported during a remote monitoring period.

10. What CPT® codes are used when an in-person device check is performed?

Procedure	Pacemaker CPT® Code
PM Device Eval In Person	93288
Progrmg eval implantable dev 1 lead pacemaker	93279
Progrmg eval implantable dev dual lead pacemaker	93280
Progrmg eval implantable dev mlt lead pacemaker	93281

Procedure	ICD CPT® Code
ICD device interrogate	93289
ICD device prog eval, 1 sngl	93282
ICD device prog eval, 1 dual	93283
ICD device prog eval, 1 mult	93284

Note: CPT® 2009 Short and Medium Descriptors

Transtelephonic codes define frequency of every 90 days

11. What changes have been made to TTM reimbursement?

TTM frequency has decreased from 6 to 4 times a year, but payment rates have increased by 50% from \$40 to \$60 per check.

Device programming codes

12. If the codes vary depending on the number of leads, is that based on how the device is programmed or how many leads are implanted?

Code selection is based on the number of leads evaluated during the device follow-up.³

13. What is the difference between the “programming device evaluation” and “interrogation device evaluation” codes?⁴

The programming device evaluation code describes a procedure where iterative adjustments are made to the programmed parameters of the device. The interrogation device evaluation code describes the procedure of retrieving and evaluating information from the device when no changes are made to the programmed parameters.

14. What is an “iterative adjustment”?

Iterative adjustments describe changes made to the programmed parameters of the device to assess and select optimal programming. An example of an iterative adjustment is “progressive changes in pacing output of a pacing lead” as done during threshold testing.⁵ Although adjustments were made during the office visit, the patient may leave the office with the same programming parameters prior to the visit.

15. What programming functions, if changed temporarily or until the patient’s next follow-up, are examples of an iterative adjustment?

Making changes to any of the following parameters would be an iterative adjustment:

- Lower Rate Limit (LRL)
- Maximum Tracking Rate (MTR)
- Adjustment of sensor
- AV Delay
- Sensing
- Pacing thresholds
- Pulse width
- Tachy detection and therapy
- Pacing thresholds (during threshold testing)
- Sensor response

16. What information must be present in the medical record for the Interrogation and Programming Device Evaluation codes (as defined by the CPT®)?⁶

	Pacemaker CRT-P	ICD CRT-D
Interrogation		
Programmed Parameters	X	X
Lead information	X	X
Battery Status	X	X
Assessment of Capture	X	X
Assessment of Sensing	X	X
Underlying heart rhythm	X	X
Programmed therapy for tachyarrhythmias		X
Programming Device Evaluation		
Adjustments to any of the following:		
LRL	X	X
MTR	X	X
Sensor rate response	X	X
AV interval	X	X
Sensing	X	X
Amplitude	X	X
Pulse Width	X	X
VT detection		X
VT therapies		X

17. Are there new codes for turning a device on and off prior to and post a surgical procedure?⁷

Yes, these are the peri-procedural device evaluation codes. These codes are used when an interrogation of an implantable device system (either a pacemaker or ICD) is done to adjust the device to settings appropriate for the patient prior to a surgery, procedure, or test. A second evaluation and programming is performed post-procedure to provide appropriate settings for the patient. Codes may be billed twice, once for pre-op and once for post-op interrogations.

CPT® CODE	DESCRIPTION
93286	Peri-procedural device evaluation and programming of device system parameters before or after a surgery, procedure, or test with physician analysis, review and report; single, dual, or multiple lead pacemaker system
93287	Peri-procedural device evaluation and programming of device system parameters before or after a surgery, procedure, or test with physician analysis, review and report; single, dual, or multiple lead implantable cardioverter-defibrillator

18. Can the peri-procedural codes be reported on the same day as an interrogation or programming device evaluation?

No. An in-person follow-up cannot be reported on the same day as the peri-procedural codes.

19. Can the non-cardiac surgeon or anesthesiologist code for the peri-procedural service?

The physician coding these services must be able to indentify that the device is programmed to settings appropriate for the surgery, procedure, or test, as required and provide settings appropriate to the post procedural situation.

Sources

¹HRS Webcast: New Device Monitoring Codes for 2009, Nov 13 2008

²AMA CPT 2009 Professional Edition p. 409

³Based on National Coverage Decision

⁴AMA CPT 2009 Professional Edition p. 409

⁵AMA CPT 2009 Professional Edition p. 409

⁶AMA CPT 2009 Professional Edition

⁷AMA CPT 2009 Professional Edition p. 409

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