



## CARDIAC RHYTHM MANAGEMENT

# National Medicare Reimbursement Guide

Cardiac Device Monitoring  
Effective January 1, 2024

Information contained herein for DISTRIBUTION in the US ONLY.  
©2024 Abbott. All rights reserved. MAT-1901316 v18.0

## TERMS AND CONDITIONS

All content herein may be based upon several sources, included but not limited to primary sources, scientific literature, commercially available data sets, customer supplied information, and external sources.

Estimates shown are for illustrative purposes only. This content is not intended for any other purpose.

It should be noted that there are usually differences between economic modelling actual results. Abbott does not take responsibility for any such discrepancies. There is no guarantee of any potential economic outcome, including payment, cost savings, or procedure volume. Economic outcomes are dependent on many factors and will vary.

Certain Maryland hospitals paid under Maryland Waiver provisions using All Patient Refined Diagnosis Related Group (APR-DRG) are excluded from payment under the Medicare Inpatient Prospective Payment System (IPPS).

Reimbursement Calculators should not be provided at no charge to actively licensed Healthcare Professionals (HCPs) who regularly practice in Vermont.

This information is not to be distributed to third parties.

# NATIONAL CARDIAC RHYTHM MANAGEMENT MEDICARE REIMBURSEMENT GUIDE

Effective January 1, 2024

## Introduction

This content is intended to provide reference material related to general guidelines for reimbursement when used consistently with the product's labeling. This content includes information regarding coverage, coding and reimbursement. Additional resources can be found at [www.cardiovascular.abbott/us/en/hcp/reimbursement.html](http://www.cardiovascular.abbott/us/en/hcp/reimbursement.html)

## Biventricular Pacing / Cardiac Resynchronization Therapy (CRT)

In certain circumstances, an additional lead may be required to achieve pacing of the left ventricle (biventricular pacing). In this event, the additional transvenous lead placement should be separately reported using CPT<sup>®</sup> 33224 or 33225. 33226 is reported for repositioning. See the Cardiac Resynchronization Therapy section for more information.

## Reimbursement Hotline

Abbott offers a reimbursement hotline, which provides live coding and reimbursement information from dedicated reimbursement specialists. Coding and reimbursement support is available Monday through Friday at (855) 569-6430. Coding and reimbursement assistance is provided subject to the disclaimers set forth in this content.

## Disclaimer

This material and the information contained herein is for general information purposes only and is not intended, and does not constitute, legal, reimbursement, business, clinical, or other advice. Furthermore, it is not intended to and does not constitute a representation or guarantee of reimbursement, payment, or charge, or that reimbursement or other payment will be received. It is not intended to increase or maximize payment by any payer. Abbott makes no express or implied warranty or guarantee that the list of codes and narratives in this document is complete or error-free. Similarly, nothing in this document should be viewed as instructions for selecting any particular code, and Abbott does not advocate or warrant the appropriateness of the use of 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. In addition, the customer should note that laws, regulations, and coverage policies are complex and are updated frequently, and, therefore, the customer should check with its local carriers or intermediaries often and should consult with legal counsel or a financial, coding, or reimbursement specialist for any questions related to coding, billing, reimbursement, or any related issues. This material reproduces information for reference purposes only. It is not provided or authorized for marketing use.

# CARDIAC DEVICE MONITORING

## Physician

CPT CODE	DESCRIPTION	WORK RVU	MEDICARE NATIONAL RATE	
			FACILITY	NON-FACILITY
<b>PACEMAKER/CRT-P DEVICE MONITORING - IN PERSON</b>				
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	0.65	\$30*	\$66
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	0.77	\$35*	\$77
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	0.85	\$40*	\$82
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	0.43	\$20*	\$55
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	0.30	\$14*	\$44
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	0.31	\$14*	\$43

\* Facility rates shown with an \* reflect payment when modifier 26 is used (i.e. payment only for the professional component).

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

## CARDIAC DEVICE MONITORING

### Physician

CPT CODE	DESCRIPTION	WORK RVU	MEDICARE NATIONAL RATE	
			FACILITY	NON-FACILITY
<b>PACEMAKER/CRT-P DEVICE MONITORING - REMOTE</b>				
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	0.60	\$28	\$28
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	0.00	NA	\$21
<b>ICD/CRT-D DEVICE MONITORING - REMOTE</b>				
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	0.74	\$35	\$35
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	0.00	NA	\$21

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

**93296:** 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).

# CARDIAC DEVICE MONITORING

## Physician

CPT CODE	DESCRIPTION	WORK RVU	MEDICARE NATIONAL RATE	
			FACILITY	NON-FACILITY
<b>ICD/CRT-D DEVICE MONITORING - IN PERSON</b>				
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	0.85	\$39*	\$78
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	1.15	\$53*	\$95
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	1.25	\$58*	\$103
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	0.75	\$35*	\$70
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 healthcare professional; single, dual, or multiple lead implantable defibrillator system	0.45	\$21*	\$51

\* Facility rates shown with an \* reflect payment when modifier 26 is used (i.e. payment only for the professional component). It is incumbent upon the physician to determine which, if any, modifiers should be used first.

# CARDIAC DEVICE MONITORING

## Physician

CPT CODE	DESCRIPTION	WORK RVU	MEDICARE NATIONAL RATE	
			FACILITY	NON-FACILITY
<b>IMPLANTABLE CARDIOVASCULAR PHYSIOLOGIC MONITORING - IN PERSON</b>				
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	0.43	\$20*	\$52
<b>IMPLANTABLE CARDIOVASCULAR PHYSIOLOGIC MONITORING - REMOTE</b>				
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	0.52	NA	\$59

\* Facility rates shown with an \* reflect payment when modifier 26 is used (i.e. payment only for the professional component).

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

**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.

**G2066:** 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).

# CARDIAC DEVICE MONITORING

## Physician

CPT CODE	DESCRIPTION	WORK RVU	MEDICARE NATIONAL RATE	
			FACILITY	NON-FACILITY
<b>ICM DEVICE MONITORING - IN PERSON</b>				
93285	Programming device evaluation, (in person) with iterative adjustment of the implantable device to test 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	\$24*	\$59
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; including heart rhythm derived data analysis, subcutaneous cardiac rhythm monitor system, including heart rhythm derived data	0.37	\$17*	\$48
<b>ICM DEVICE MONITORING - REMOTE</b>				
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of heart rhythm derived data, analysis review(s) and report(s) by a physician or other qualified health care professional	0.52	NA	\$100

\* Facility rates shown with an \* reflect payment when modifier 26 is used (i.e. payment only for the professional component).

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

**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.

**G2066:** 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).



# CARDIAC DEVICE MONITORING

## Hospital Outpatient

CPT CODE	DESCRIPTION	STATUS INDICATOR	APC	MEDICARE NATIONAL RATE
<b>PACEMAKER/CRT-P DEVICE MONITORING - IN PERSON</b>				
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	Q1	5741	\$36
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	Q1	5741	\$36
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	Q1	5741	\$36
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	Q1	5741	\$36
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	N	NA	Packaged
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	Q1	5741	\$36

NA: There is no established payment in this setting

N: Items or services packaged into APC rates

Q1: STV-Packaged codes

# CARDIAC DEVICE MONITORING

## Hospital Outpatient

CPT CODE	DESCRIPTION	STATUS INDICATOR	APC	MEDICARE NATIONAL RATE
<b>PACEMAKER/CRT-P DEVICE MONITORING - REMOTE</b>				
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	M	NA	NA
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	Q1	5741	\$36
<b>ICD/CRT-D DEVICE MONITORING - REMOTE</b>				
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	M	NA	NA
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	Q1	5741	\$36

**NA:** There is no established payment in this setting  
**M:** Items and services not billable to the fiscal intermediary  
**Q1:** STV-Packaged codes

# CARDIAC DEVICE MONITORING

## Hospital Outpatient

CPT CODE	DESCRIPTION	STATUS INDICATOR	APC	MEDICARE NATIONAL RATE
<b>ICD/CRT-D DEVICE MONITORING - IN PERSON</b>				
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	Q1	5741	\$36
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	Q1	5741	\$36
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	Q1	5741	\$36
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	Q1	5741	\$36
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	N	NA	Packaged

NA: There is no established payment in this setting

N: Items or services packaged into APC rates

Q1: STV-Packaged codes

## CARDIAC DEVICE MONITORING

### Hospital Outpatient

CPT <sup>®</sup> CODE	DESCRIPTION	STATUS INDICATOR	APC	MEDICARE NATIONAL RATE
<b>IMPLANTABLE CARDIOVASCULAR PHYSIOLOGIC MONITORING - IN PERSON</b>				
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	Q1	5741	\$36
<b>IMPLANTABLE CARDIOVASCULAR PHYSIOLOGIC MONITORING - REMOTE</b>				
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	Q1	5741	\$36

Q1: STV-Packaged codes

## CARDIAC DEVICE MONITORING

### Hospital Outpatient

CPT CODE	DESCRIPTION	STATUS INDICATOR	APC	MEDICARE NATIONAL RATE
<b>ICM DEVICE MONITORING - IN PERSON</b>				
93285	Programming device evaluation, (in person) with iterative adjustment of the implantable device to test 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; including heart rhythm derived data analysis, subcutaneous cardiac rhythm monitor system, including heart rhythm derived data	Q1	5731	\$28
<b>ICM DEVICE MONITORING - REMOTE</b>				
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of heart rhythm derived data, analysis review(s) and report(s) by a physician or other qualified health care professional	Q1	5741	\$36

Q1: STV-Packaged codes

1. FY2024 IPPS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: September 2023].  
<https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2024-ippa-final-rule-home-page>
2. CY2024 ASC Final Notice Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: November 2023].  
<https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and-notices>
3. CY2024 MPFS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: November 2023].  
<https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices>
4. CY2024 OPSS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: November 2023].  
<https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices>
5. FY2023 IPPS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: August 2022].  
<https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2023-ippa-final-rule-home-page>
6. CY2023 OPSS Final Rule with Correction Notice. U.S. Centers for Medicare and Medicaid Services. [cited: November 2023].  
<https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices>
7. Provider Outpatient Hospital Charge Data by APC, CY2021. [cited: November 2023].  
<https://data.cms.gov/provider-summary-by-type-of-service/medicare-outpatient-hospitals/medicare-outpatient-hospitals-by-provider-and-service>
8. Medicare Inpatient Hospitals - by Provider and Service - FY2021 [cited: Sept 2023].  
<https://data.cms.gov/provider-summary-by-type-of-service/medicare-inpatient-hospitals/medicare-inpatient-hospitals-by-provider-and-service>
9. HOSPITAL ACUTE INPATIENT SERVICES PAYMENT SYSTEM - PAYMENT BASICS [cited: September 2023]  
[https://www.medpac.gov/wp-content/uploads/2021/11/MedPAC\\_Payment\\_Basics\\_22\\_hospital\\_FINAL\\_SEC.pdf](https://www.medpac.gov/wp-content/uploads/2021/11/MedPAC_Payment_Basics_22_hospital_FINAL_SEC.pdf)
10. CGS Medicare Part B Fees [cited: January 2021].  
<https://www.cgsmedicare.com/partb/fees/index.html>
11. First Coast Service Options (FCSO) Medicare Part B Fees [cited: January 2021].  
[https://medicare.fcso.com/SharedTools/faces/FeeSchedule\\_en.jspx?\\_af=state=](https://medicare.fcso.com/SharedTools/faces/FeeSchedule_en.jspx?_af=state=)
12. National Government Services (NGS) Medicare Fee Schedule Lookup [cited: September 2023].  
<https://www.ngsmedicare.com/web/ngs/fee-schedules-and-pricers?lob=93617&state=97256&region=93623>
13. Noridian Healthcare Solutions Medicare Contractor Status Codes (C-Status) [cited: January 2021].  
<https://med.noridianmedicare.com/web/eb/fees-news/fee-schedules/contractor-status-codes-c-status>
14. Novitas Solutions Medicare Physician's Fee Schedule [cited: September 2023].  
<https://www.novitas-solutions.com/webcenter/portal/MedicareJH/FeelLookup>
15. Palmetto GBA Medicare Physician Fee Schedule Part B [cited: January 2021].  
[https://www.palmettogba.com/palmetto/fees\\_front.nsf/fee\\_main?OpenForm](https://www.palmettogba.com/palmetto/fees_front.nsf/fee_main?OpenForm)
16. WPS Medicare Physician Fee Schedules [cited: January 2021].  
<https://www.wpsgha.com/wps/portal/mac/site/fees-and-reimbursements/guides-and-resources/2021-mpfs/!ut/p/z0/fczRCoMgFIDhJ5JjDqTbNhouku1q2LmJwzKTNhWfPF96gI3-8PEDggEM9PWONh8DvY8eUI4PpaSqt7fhea80dfnqa37862R0AH-B8dBZH3RDJDRtjAf5gjG7X6yhVGYWLYI7vIIcXjBRcU-aS6QVhx-vBIIA!!>

Information contained herein for DISTRIBUTION in the US ONLY.

**Abbott**

One St. Jude Medical Dr., St. Paul, MN 55117, USA, Tel: 1 651 756 2000

™ indicates a trademark of the Abbott Group of Companies

‡ Indicates a third party trademark, which is property of its respective owner.

[www.cardiovascular.abbott](http://www.cardiovascular.abbott)

©2024 Abbott. All rights reserved. MAT-1901316 v18.0

HE&R approved for non-promotional use only.

