



# Subcutaneous Cardiac Rhythm Monitor System

## 2024 Coding & Payment Quick Reference

Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

The table below contains a list of possible CPT®/HCPCS codes that may be used to bill for subcutaneous cardiac rhythm monitor (SCRM) system procedures. Providers should select the most appropriate code(s) and modifier(s) with the highest level of detail to describe the service(s) actually rendered.

CPT / HCPCS Code	Code Description
<b>Implant / Removal</b>	
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming
33286	Removal, subcutaneous cardiac rhythm monitor
<b>Device Evaluation (In-Person)</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
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
<b>Device Evaluation (Remote)</b>	
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results 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

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## Physician Payment – Medicare

Physician claims must contain the appropriate CPT/HCPCS code(s) to indicate the items and services that are furnished. The table below contains a list of possible CPT/HCPCS codes that may be used to bill for subcutaneous cardiac rhythm monitor system procedures. Providers should select the most appropriate code(s) and modifier(s) with the highest level of detail to describe the service(s) rendered.

All rates shown are 2024 Medicare national averages; actual rates will vary geographically and/or by individual facility.

CPT/HCPCS Code	Short Description	Work RVUs	Total Office RVUs	Total Facility RVUs	Office Rate	Facility Rate
<b>Implant / Removal</b>						
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	1.53	124.35	2.57	\$4,072	\$84
33286	Removal, subcutaneous cardiac rhythm monitor	1.50	3.87	2.52	\$127	\$83
<b>Device Evaluation (In-Person)</b>						
93285	Programming device evaluation (in person) SCRM	0.52	1.79	N/A	\$59	N/A
93285-26	- Professional component only	0.52	0.74	0.74	\$24	\$24
93285-TC	- Technical component only	0.00	1.04	N/A	\$34	N/A
93291	Interrogation device evaluation (in person) SCRM	0.37	1.46	N/A	\$51	N/A
93291-26	- Professional component only	0.37	0.52	0.52	\$18	\$18
93291-TC	- Technical component only	0.00	0.94	N/A	\$33	N/A
<b>Device Evaluation (Remote)</b>						
93298	Interrogation device evaluation (remote) SCRM	0.52	3.05	N/A	\$100	N/A
93298-26	- Professional component only	0.52	0.73	0.73	\$24	\$24
93298-TC	- Technical component only	0.00	2.32	N/A	\$76	N/A
0650T*	Programming device evaluation (remote) SCRM	0.00	0.00	0.00	Carrier Priced	Carrier Priced

"N/A" indicates that Medicare has not deemed this procedure to be reimbursable in this setting

-26 Modifier indicates professional component, -TC Modifier indicates technical component

\*Effective July 1, 2021. The existence of a Category III CPT code does not guarantee payment. Individual payers will determine payment.

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## Ambulatory Surgery Center Payment – Medicare

Ambulatory surgery center claims must contain the appropriate CPT code(s) to indicate the items and services that are furnished. The table below contains a list of possible CPT codes that may be used to bill for subcutaneous cardiac rhythm monitor system procedures. Providers should select the most appropriate code(s) with the highest level of detail to describe the service(s) rendered.

All rates shown are 2024 Medicare national averages; actual rates will vary geographically and/or by individual facility.

CPT Code	Short Description	ASC Rate
<b>Implant / Removal</b>		
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	\$6,904
33286	Removal, subcutaneous cardiac rhythm monitor	\$365

## Hospital Outpatient Payment – Medicare

Hospital outpatient claims must contain the appropriate CPT/HCPCS code(s) to indicate the items and services that are furnished. The table below contains a list of possible CPT/HCPCS codes that may be used to bill for subcutaneous cardiac rhythm monitor system procedures. Providers should select the most appropriate code(s) with the highest level of detail to describe the service(s) rendered.

All rates shown are 2024 Medicare national averages; actual rates will vary geographically and/or by individual facility.

CPT/HCPCS Code	Short Description	APC	Hospital Outpatient Rate
<b>Implant / Removal</b>			
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	5222	\$8,103
33286	Removal, subcutaneous cardiac rhythm monitor	5071	\$671
<b>Device Evaluation (In-Person)</b>			
93285	Programming device evaluation (in person) SCRM	5741	\$36
93291	Interrogation device evaluation (in person) SCRM	5731	\$26
<b>Device Evaluation (Remote)</b>			
93298	Interrogation device evaluation (remote) SCRM - Technical component	5741	\$36
0650T*	Programming device evaluation (remote) SCRM	Carrier Priced	Carrier Priced

\*Effective July 1, 2021. The existence of a Category III CPT code does not guarantee payment. Individual payers will determine payment.

C-Codes are tracking codes established by the Centers for Medicare & Medicaid Services (CMS) to assist Medicare in establishing future APC payment rates. C-Codes only apply to Medicare hospital outpatient claims. They do not trigger additional payment to the facility today. It is very important that hospitals report C-Codes as well as the associated device costs. This will help inform future outpatient hospital payment rates. E-Codes may be required and are reported for in-office procedures

C-Code	Description
C1764	Event Recorder, Cardiac (Implantable)
E0616	Event Recorder, Cardiac (Implantable)

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## Hospital Inpatient Payment – Medicare

MS-DRG assignment is based on a combination of diagnoses and procedure codes reported. While MS-DRGs listed in this guide represent likely assignments, Boston Scientific cannot guarantee assignment to any one specific MS-DRG.

All rates shown are 2024 Medicare national averages; actual rates will vary geographically and/or by individual facility.

Possible MS-DRG Assignment	Description	MS-DRG Rate
<b>Cryptogenic Stroke</b>		
40	Peripheral, Cranial Nerve and Other Nervous System Procedures w MCC	\$26,960
41	Peripheral, Cranial Nerve and Other Nervous System Procedures w CC or Peripheral Neurostimulator	\$15,618
42	Peripheral, Cranial Nerve and Other Nervous System Procedures w/o CC/MCC	\$12,181
<b>Syncope</b>		
260	Cardiac Pacemaker Revision Except Device Replacement w MCC	\$23,212
261	Cardiac Pacemaker Revision Except Device Replacement w CC	\$13,176
262	Cardiac Pacemaker Revision Except Device Replacement w/o CC/MCC	\$11,520

## ICD-10 PCS Procedure Codes

Hospital inpatient claims must contain the appropriate ICD-10-PCS code(s) to indicate the items and services that are furnished. The table below contains a list of possible ICD-10-PCS codes that may be used to bill for subcutaneous cardiac rhythm monitor system procedures. Providers should select the most appropriate code(s) with the highest level of detail to describe the service(s) actually rendered.

ICD-10 PCS Code	Description
0JH632Z	Insertion of Monitoring Device into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0JPT32Z	Removal of Monitoring Device from Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach

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**Coding Resources for Rhythm Management:**

<http://www.bostonscientific.com/en-US/reimbursement/rhythm-management.html>

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Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

This coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgement of the HCP.

**References**

1. CMS. CY2024 Physician Fee Schedule, Final Rule. CMS-1784-F
2. CMS. CY2024 Hospital Outpatient Prospective Payment System, Final Rule: CMS-1793-F, Addenda A, Addenda AA
3. CMS. FY2024 Hospital Inpatient Prospective Payment System, CMS-1771-F

**Sequestration Disclaimer**

Rates referenced in these guides do not reflect Sequestration, automatic reductions in federal spending that will result in a 2% across-the-board reduction to ALL Medicare rates as of January 1, 2024.

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