

Implantable Cardiovascular Physiologic Monitor System

2020 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 following codes are thought to be relevant to implantable cardiovascular physiologic monitor (ICPM) system procedures and are referenced throughout this guide.

CPT® / HCPCS Code	Code Description
In-Person	
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
Remote	
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
G2066	(Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results)

Physician Payment – Medicare

All rates shown are 2020 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
In-Person						
93290	Interrogation device evaluation (in person) ICPM	0.43	1.34	N/A	\$48	N/A
93290-26	– Professional service only	0.43	0.62	0.62	\$22	\$22
93290-TC	– Technical component only	0.00	0.72	N/A	\$26	N/A
Remote						
93297	Interrogation device evaluation (remote) ICPM – Professional service only	0.52	0.77	0.77	\$28	\$28
G2066	Interrogation device evaluation (remote) ICPM or SCRM – Technical component only	0.00	0.00	0.00	Carrier priced	Carrier priced

Hospital Outpatient and ASC Payment – Medicare

CPT / HCPCS Code	Short Description	APC	Hospital Outpatient Rate	ASC Rate
In-Person				
93290	Interrogation device evaluation (in person) ICPM	5741	\$36	N/A
Remote				
93297	Interrogation device evaluation (remote) ICPM – Professional service only	N/A	N/A	N/A
G2066	Interrogation device evaluation (remote) ICPM or SCRMM – Technical component only	5741	\$36	N/A

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

Coding Resources for Rhythm Management:

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

Reimbursement Help Desk:

CRM.Reimbursement@bsci.com

1-800-CARDIAC (227-3422) EXT. 24114

Please note: 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. Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules, and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services, and to submit appropriate codes, charges, and modifiers for services rendered. It is also always the provider's responsibility to understand and comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD), and any other coverage requirements established by relevant payers which can be updated frequently. Boston Scientific recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters. Boston Scientific does not promote the use of its products outside their FDA approved label. Information included herein is current as of November 2018 but is subject to change without notice. Rates for services are effective January 1, 2019.

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References

1. CMS. CY2020 Physician Fee Schedule, Final Rule. CMS-1715-F
2. CMS. CY2020 Hospital Outpatient Prospective Payment System, Final Rule CMS-1717-FC, Addenda A

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, 2020.

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