



LUX DX™ Subcutaneous Cardiac Rhythm Monitor (SCRM) Replacements:

Appropriate Coding Removal and/or Replacement Procedures

Coding Tip: Consider all hardware removed and replaced when coding the procedure. Always code for the removal of the existing device in addition to the insertion of the newly placed device

Procedure	CPT®/ HCPCS Coding
Removal of the SCRM	33286: Removal, subcutaneous cardiac rhythm monitor
Removal with Replacement of the SCRM	33286-59*: Removal, subcutaneous cardiac rhythm monitor 33285: Insertion, subcutaneous cardiac rhythm monitor, including programming *Append modifier 59 to the 33286 when performing a removal and reinsertion in the same surgical setting ¹
In-Person Device Evaluation	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; subcutaneous cardiac rhythm monitor system
Remote Device Evaluation	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 set optimal permanently programmed values with analysis, review and report by a physician or other qualified health care professional 93298: Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional.

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 for SCRM	Description
C1764	Event Recorder, Cardiac (Implantable)
E0616	Event Recorder, Cardiac (Implantable)

¹ There is a National Correct Coding Initiative (NCCI) Procedure to Procedure (PTP) edit between 33286 and 33285. Using modifier 59 allows these to be billed together.

Coding Resources for Rhythm Management: <http://www.bostonscientific.com/en-US/reimbursement/rhythm-management.html>

Reimbursement Help Desk: CRM.Reimbursement@bsci.com

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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.

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References

1. CMS. CY2026 Physician Fee Schedule, Final Rule. CMS-1832-F

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