



Subcutaneous Cardiac Rhythm Monitor System

2026 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
Implant / Removal	
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming
33286	Removal, subcutaneous cardiac rhythm monitor
Device Evaluation (In-Person)	
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
Device Evaluation (Remote)	
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, 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.



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) actually rendered.

All rates shown are 2026 Medicare national averages; actual rates will vary geographically and/or by individual facility.

CPT®/ HCPCS Code	Code Description	Work RVUs	Total Office RVUs	Total Facility RVUs	Office Rate	Facility Rate
Subcutaneous Cardiac Rhythm Monitor Implant/Removal						
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	1.49	120.23	2.27	\$4,016	\$76
33286	Removal, subcutaneous cardiac rhythm monitor	1.46	3.86	2.24	\$129	\$75
Subcutaneous Cardiac Rhythm Monitor – In Person						
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	0.51	1.78	NA	\$59	NA
93285-26	- Professional component only	0.51	0.75	0.75	\$25	\$25
93285-TC	- Technical component only	0	1.03	NA	\$34	NA
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 NOTE: Do not bill if patient is remotely monitored	0.36	1.44	NA	\$48	NA
93291-26	- Professional component only	0.36	0.52	0.52	\$17	\$17
93291-TC	- Technical component only	0	0.92	NA	\$31	NA
Subcutaneous Cardiac Rhythm Monitor – Remote						
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system , including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	0.51	3.09	NA	\$103	NA
93298-26	- Professional component only	0.51	0.73	0.73	\$24	\$24
93298-TC	- Technical component only	0	2.36	NA	\$79	NA
0650T	Programming device evaluation subcutaneous cardiac rhythm monitor system remote	0	0	NA	Carrier Priced	NA
0650T-26	- Professional component only	0	0	0	Carrier Priced	Carrier Priced
0650T-TC	- Technical component only	0	0	NA	Carrier Priced	NA

*NA" 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.



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.**

E-Code	Description
E0616	Event Recorder, Cardiac (Implantable)

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 rhythmmonitor system procedures. Providers should select the most appropriate code(s) with the highest level of detail to describe the service(s) actually rendered.

All rates shown are 2026 Medicare national averages; actual rates will vary geographically and/or by individual facility.

CPT®/HCPCS Code	Short Description	Medicare National Average ASC Rate
Implant / Removal		
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	\$7,176
33286	Removal, subcutaneous cardiac rhythm monitor	\$389

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) actually rendered.

All rates shown are 2026 Medicare national averages; actual rates will vary geographically and/or by individual facility.

CPT®/HCPCS Code	Short Description	APC	Medicare National Average Outpatient Rate
Implant / Removal			
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	5222	\$8,455
33286	Removal, subcutaneous cardiac rhythm monitor	5071	\$723
Device Evaluation (In-Person)			
93285	Programming device evaluation (in person) SCRM	5741	\$38



93291	Interrogation device evaluation (in person) SCRM	5731	\$30
Device Evaluation (Remote)			
0650T ²	Programming device evaluation (remote) SCRM	5741	\$38
93298	Interrogation device evaluation (remote) SCRM	5741	\$38

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.

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

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 2026 Medicare national averages; actual rates will vary geographically and/or by individual facility.

MS-DRG	DRG Description	Medicare National Average IPPS Rate
Cryptogenic Stroke		
040	Peripheral, Cranial Nerve And Other Nervous System Procedures with MCC	\$28,097
041	Peripheral, Cranial Nerve And Other Nervous System Procedures with CC OR Peripheral Neurostimulator	\$15,999
042	Peripheral, Cranial Nerve And Other Nervous System Procedures without CC/MCC	\$12,572
Syncope		
260	Cardiac Pacemaker Revision except Device Replacement with MCC	\$23,670
261	Cardiac Pacemaker Revision except Device Replacement with CC	\$13,757
262	Cardiac Pacemaker Revision except Device Replacement without CC/MCC	\$11,860

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

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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Information included herein is current as of January 2026 but is subject to change without notice. Rates for PFS, ASC and Hospital OPFS services are effective January 1, 2026. Rates for Hospital IPPS Services are effective October 1, 2025 – September 30, 2026

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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. CY2026 Physician Fee Schedule, Final Rule. CMS-1832-F.
2. CMS. CY2026 Hospital Outpatient Prospective Payment System, Final Rule: CMS-1834-F, Addenda A, Addenda AA.
3. CMS. FY2026 Hospital Inpatient Prospective Payment System, CMS-1833-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. All Medicare rates as of January 1, 2026.

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