

# Subcutaneous Cardiac Rhythm Monitor System

## 2021 Remote Programming Billing Guide

### New Category III CPT® Code Approved for SCRM Remote Programming Device Evaluations

Effective July 1, 2021, there is a new Category III CPT code for remote programming device evaluations for subcutaneous cardiac rhythm monitor system (SCRM) services:

CPT Code	Code Description
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 permanent programmed values with analysis, review and report by a physician or other qualified health care professional

Listed below are various guidelines for reporting CPT code 0650T:

- Report remote device evaluation and programming of a SCRM system performed by physicians or qualified healthcare professionals (QHPs) on or after July 1, 2021 using this code. Prior to July 1, 2021, this service should be reported with unlisted CPT code 93799, Unlisted cardiovascular service or procedure.
- Append the -26 modifier to CPT code 0650T if providing the professional component, or the -TC modifier for the technical only service. No modifier is needed when the global service is performed.<sup>1</sup>
- Report 0650T once per remote service
- CPT code 0650T includes all aspects of device interrogation (93291) and in-person SCRM programming (93285) when performed on the same day
- CPT code 0650T may not be reported on the same date with the following other services:
  - SCRM system implant (33285)
  - S-ICD programming (93260)
  - Pacemaker programming (93279, 93280, 93281)
  - TV-ICD programming (93282, 93284)
  - In-person SCRM programming and interrogation (93285, 93291)
- In-person and remote SCRM programming device evaluations (93285, 0650T) and remote SCRM interrogation device evaluations (93298) may both be reported during the same 30-day remote interrogation device evaluation period

### Physician Claims Checklist

- ✓ Confirm payer billing requirements for all claims with Category III CPT codes
- ✓ Ensure appropriate medical record documentation including prior-authorization approval, if required
- ✓ Report CPT code 0650T per encounter and include a crosswalk of the appropriate Category I CPT code along with a separate letter describing the service, identifying RVUs and charges for the comparable service, and its similarities and differences to the SCRM remote programming device evaluation procedure described by 0650T
- ✓ If requested, provide additional documentation and plan to appeal the payer's decision if not covered

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## Physician Billing

Physician claims must contain the appropriate CPT codes to report procedures furnished in the physician office or facility setting. The Centers for Medicare & Medicaid Services (CMS) establishes payment for CPT codes under the Medicare Physician Fee Schedule (MPFS) based on relative value units (RVUs). Per CPT guidance from the American Medical Association (AMA), if an appropriate Category III CPT code exists, it must be utilized in lieu of an unlisted procedure code.

Category III CPT code 0650T should be used when reporting SCRM remote programming device evaluations performed by physicians and QHPs for services performed on or after July 1, 2021.

For Medicare claims, Category III CPT codes are considered Medicare Administrative Contractor (MAC) priced and therefore no RVUs are assigned. Each MAC establishes their own payment rates for Category III CPT codes. It is recommended that providers check with their MAC for additional information related to the payment levels for CPT code 0650T. For commercial payers, payer guidelines and provider contracts should be referenced to identify reporting requirements and reimbursement for Category III CPT codes.

## Determine Charges

When reporting charges for CPT code 0650T, physicians should provide a crosswalk to an existing Category I CPT code with comparable resources to the SCRM remote programming device evaluation service. To select a coding crosswalk, physicians should:

1. Select a comparable service with similar physician time, medical decision making and practice expense to the SCRM remote programming device evaluation provided
2. Include with the claim a comparison statement of similarities and differences in time and necessary resources
3. Document the difference in work for the service associated with the 0650T CPT code as a percentage increase or decrease of the work for the comparison service
4. Indicate the normal charge for the comparison service code, and the charge for the 0650T CPT code based on the percentage increase or decrease

As a reference, Category I CPT code 93285 may be used as an appropriate crosswalk for 0650T.

All rates shown are 2021 Medicare national averages; actual rates will vary geographically and/or by individual facility.<sup>2</sup>

CPT Code	Short Description	Work RVUs	Total Office RVUs	Total Facility RVUs	Office Rate	Facility Rate
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	0.52	1.73	N/A	\$60	N/A
93285-26	– Professional component only	0.52	0.75	0.75	\$26	\$26
93285-TC	– Technical component only	0.00	0.98	N/A	\$34	N/A

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## Patient Consent and Copay

For Medicare beneficiaries, patient consent to receive SCRM remote programming device evaluation may be obtained at the time that the services are furnished and must be obtained annually. SCRM remote services are subject to a 20% beneficiary copay.

For commercial payers, it is recommended that each individual payer's guidelines be referenced as consent and copay policies may vary.

## Hospital Outpatient Billing

Hospital outpatient claims must contain the appropriate CPT codes to indicate services that are furnished in the facility setting. Medicare reimburses hospitals for outpatient services under the Ambulatory Payment Classification (APC) system. Each CPT code is assigned to an APC based on similar costs and clinical characteristics, and each APC is assigned a payment rate on the fee schedule.

All rates shown are 2021 Medicare national averages; actual rates will vary geographically and/or by individual facility.<sup>3</sup>

CPT Code	Short Description	Status Indicator	APC	Hospital Outpatient Rate
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 permanent programmed values with analysis, review and report by a physician or other qualified health care professional	Q1	5741	\$37

Status Indicator (SI): Q1 - Packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator "S", "T", or "V"

For commercial payers, individual payer guidelines and contracts should be referenced to identify reporting requirements and reimbursement for Category III CPT codes.

## Denials and Appeals

Providers may experience denials, either during the prior authorization process or as a claim denial. Attached is a sample letter of appeal that may be customized with patient specific information in attempting to overturn a denial.



**Coding Resources for Rhythm Management:**

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

**Reimbursement Help Desk:**

[CRM.Reimbursement@bsci.com](mailto:CRM.Reimbursement@bsci.com)

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

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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 July 1, 2021 but is subject to change without notice. All rates shown are 2021 Medicare national payment and are effective January 1, 2021; actual rates will vary geographically and/or by individual facility.

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.

**References**

1. July 2021 Quarterly Update to the MPFS. MLN Matters Number MM12289, Change Request 12289, Effective Date July 1, 2021
2. CMS. CY2021 Physician Fee Schedule, Final Rule. CMS-1734-F (Updated December 29, 2020)
3. July 2021 Update of the Hospital OPFS. MLN Matters Number MM12316, Change Request Number 12316, Effective Date July 1, 2021

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## Sample Letter of Appeal

This sample letter must be customized to reflect the background, medical history, and diagnosis of the specific patient, and to address any special requirements of the payer. The clinician has responsibility for providing accurate and complete information concerning the applicable diagnosis and procedure codes, and for supporting medical necessity. This letter is an example for your consideration and may not include all the information necessary to support your appeal request. Sections **highlighted in yellow** require customization.

[Date]

[Payer Name]

Attention Appeals Department

[Payer Address]

[Payer Email]

RE: Appeal of Denial, Reference/Claim #[xxxxx] for [Patient Name/I.D. Number]

To Whom It May Concern:

I am writing on behalf of [patient's name] who suffers from [patient diagnosis] and has an implanted Subcutaneous Cardiac Rhythm Monitor System (SCRM). I am requesting reconsideration of the denial for the SCRM System Remote Programming Device Evaluation described by CPT code 0650T. [Describe the patient's current acute or chronic condition and intended treatment pathway.]

As [patient name's] treating physician, I believe this service is the best option to monitor and adjust my patient's [abnormal heart rhythm/ occurrence of symptoms that may suggest a cardiac arrhythmia]. [Include further detail on patient's current status: reasons remote programming device evaluation is most appropriate and professional opinion on choice/need for remote evaluation].

The American College of Cardiology (ACC) and the Heart Rhythm Society (HRS) recommend that "all Medicare Administrative Contractors, state Medicaid plans and private health insurance companies provide coverage for remote programming of subcutaneous cardiac rhythm monitor systems that is consistent with U.S. Food and Drug Administration (FDA) labeling." The ACC and HRS also state "coverage for remote programming of these devices would facilitate clinical decision-making between physicians and their patients while also avoiding the costs with in-person clinic office visits."<sup>1</sup>

In addition, coverage of subcutaneous cardiac rhythm monitors is addressed in the Centers for Medicaid Services (CMS) National Coverage Determination (NCD) for Electrocardiographic Services (20.15)<sup>2</sup> and the remote interrogation device evaluation of SCRMs is included in that policy as a covered service.

I request confirmation as soon as possible that you will respect my professional recommendation to perform this service periodically as requested. I am very happy to discuss this in person if necessary.

Sincerely,

[Physician Name]

[Provider Number]

[Address]

[Phone]

1. <https://www.acc.org/Tools-and-Practice-Support/Practice-Solutions/Coding-and-Reimbursement/New-Category-III-CPT-Code>
2. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=179>

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