



# Help for Your Cardiology Clients

## NEW 2009 CODES FOR HEART DEVICE CHECKS

By Jackie Miller, RHIA, CPC, PCS

The codes for pacemakers and implantable cardioverter-defibrillator (ICDs) checks have been completely overhauled for 2009. Your cardiology clients may need your assistance with the transition, as the new codes and billing guidelines are very different from the earlier ones.

Device checks are categorized according to whether the device was interrogated and programmed, or interrogated without programming.

- **Interrogation** is the retrieval of information from the device, including information about the device itself and the patient's heart rate and rhythm. A device can be interrogated either in person or remotely (via telephone or Internet).
- **Programming** involves adjustments to the device settings. These adjustments are iterative—that is, they are made in step-wise fashion. At the end of the programming session, the device settings may or may not be different from the settings at the beginning of the session. The encounter can be coded as a programming service even if the final settings are the same as they were before the encounter. Programming includes interrogation of the device, so interrogation should never be coded separately when programming is performed.

The following table will serve as a quick guide to the new device check codes:

Device	Programming	Interrogation In Person	Interrogation Remote
<b>Pacemaker</b>			
Single lead	93279	All types: 93288	All types: PC = 93294 TC = 93296
Dual lead	93280		
Multiple lead	93281		
<b>Implantable cardioverter-defibrillator</b>			
Single lead	93282	All types: 93289	All types: PC = 93295 TC = 93296
Dual lead	93283		
Multiple lead	93284		

With the exception of the remote interrogation codes, all of the codes in this table require modifier 26 for professional component billing.

**Programming codes** are defined according to the number of chambers the device paces and senses. A dual-lead device has leads in the right atrium and right ventricle, or right

ventricle and coronary sinus (for pacing and sensing of the left ventricle). A multiple-lead device has leads in the right atrium, right ventricle, and coronary sinus.

These codes should not be assigned for the programming performed at the time the device is inserted, as this is included in the insertion procedure.

The CPT® manual defines specific parameters that must be evaluated and documented during the programming encounter:

Parameter	Pacemaker	ICD
Programmed parameters	X	X
Lead(s)	X	X
Battery	X	X
Capture and sensing	X	X
Heart rhythm/underlying heart rhythm	X	X
Therapy for ventricular tachyarrhythmias		X

**In-person interrogation** is reported with codes 93288 (pacemaker) and 93292 (ICD). These codes are reported once for each encounter. There are specific parameters that must be checked and documented during the in person interrogation:

Parameter	Pacemaker	ICD
Programmed parameters	X	X
Lead(s)	X	X
Battery	X	X
Capture and sensing	X	X
Heart rhythm/underlying heart rhythm	X	X
Therapy for ventricular tachyarrhythmias		X

**Remote interrogation** is reported with codes 93294-93296:

Device	Professional	Technical
Pacemaker	93294	93296
Implantable cardioverter-defibrillator	93295	93296

These codes are reported once per 90 days, regardless of the number of data transmissions and physician reviews that take place during that period. They should not be assigned for monitoring periods of less than 30 days.

Any programming that occurs during the 90-day period can be coded separately, in addition to the 90-day remote interrogation charge. However, the physician cannot charge for in person interrogation during the 90-day period of remote interrogation.

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The technical component remote interrogation service (93296) represents the data acquisition, receipt of transmissions, technician review, technical support, and distribution of results. This code can be reported by either an IDTF or a physician practice, but not by both.

In addition to the codes for remote device interrogation, there is also a code for transtelephonic pacemaker monitoring (93293). This service consists of the transmission of EKG rhythm strips over the telephone. The strip is evaluated for rate, rhythm, and atrial and ventricular capture and sensing. The patient transmits two strips, one with a magnet applied over the pacemaker. The rate to which the pacemaker defaults when inhibited by the magnet indicates the unit's remaining battery life.

Code 93293 can be reported only once every 90 days. It cannot be reported during the same time period as remote pacemaker interrogation (93294). However, it can be reported in conjunction with a programming encounter (93279-93281).

Finally, CPT® 2009 also includes codes for **periprocedural evaluation** of a pacemaker or ICD. These codes are used for evaluation and programming of a pacemaker or ICD before and after surgery or a nonsurgical procedure such as an MRI. During the initial service the physician will adjust the settings so that they are appropriate for the patient's needs during the procedure, and afterwards the device settings will be adjusted to meet the patient's normal needs.

Periprocedural evaluation is reported with code 93286 for pacemakers and 93287 for ICDs. If one physician evaluates and programs the device before and after the procedure, two units of code 93286 or 93287 should be reported. If the pre and post services are performed by two different physicians, each physician should report one unit. ▲

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*Jackie Miller is Vice President of Product Development at Coding Metrix, Inc., in Powder Springs GA. She can be reached at [jackie.miller@codingstrategies.com](mailto:jackie.miller@codingstrategies.com).*