

## 2021 CODING CHANGES: REMOTE DEVICE PROGRAMMING CATEGORY III CPT® CODE NEWLY AVAILABLE FOR SUBCUTANEOUS CARDIAC RHYTHM MONITORS

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### WHAT'S NEW?

Effective July 1, 2021 a new Category III CPT Code<sup>1</sup> for remote programming of subcutaneous cardiac rhythm monitor systems - such as **LINQ II™ Insertable Cardiac Monitor (ICM)** will be available

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
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### FREQUENTLY ASKED REIMBURSEMENT QUESTIONS

#### Q1: What is a Category III Code?

The American Medical Association (AMA) CPT Editorial Panel has a process for establishing coding for new procedures

Category III CPT codes are a necessary step in the process to establish permanent Category I CPT codes. They are primarily intended for data collection, new technology assessment, and documentation of physician use to support a future Category I CPT code application. Category I codes are permanent CPT codes.

#### Q2: Does CPT 0650T replace an existing code?

Remote programming of subcutaneous cardiac rhythm monitors is a new capability not described by any existing CPT codes.

**Q3: What is the payment rate for 0650T?**

Category III codes do not have nationally set Medicare payment rates and the existence of these codes does not guarantee payment. Local Medicare Administrative Contractors (MACs) and private payers can decide to pay for services described by Category III codes.

Medtronic advises all providers to confirm coverage of new codes with all relevant payers before expecting any payment for the billed service.

**Q4: If remote programming of a subcutaneous cardiac rhythm monitor is performed, but the patient's payer does not reimburse for 0650T, should it still be billed?**

Yes. The goal of a Category III Code is to demonstrate frequency of use, to potentially develop a more permanent code (Category I) and more consistent reimbursement for services rendered. One requirement for a permanent Category I CPT code is "widespread use" by physicians. It is critical for providers to report the Category III code to payers when remote programming is performed to demonstrate its use, even though they may not be paid for the service.

**Q5: Is this Category III Code specific to LINQ II™ ICM?**

No, CPT codes are always manufacturer agnostic. These codes are applicable to any ICM with remote programming capability.

**Q6: What is the difference between remote programming evaluation and remote interrogation evaluation of subcutaneous cardiac rhythm monitors?**

In regard to device evaluation for subcutaneous cardiac rhythm monitors, the following outlines differences between programming and interrogation (See Figure 1):

Remote interrogation (also referred to as remote monitoring)

- Reviewing stored and measured information about the sensor(s), battery, and the device function, as well as data collected about the patient's heart rate and rhythm
- Billed with 2 codes: HCPCS G2066 (technical component) and CPT 93298 (professional component)
- Codes represent all remote interrogation work that occurs during the 30-day remote interrogation period

Remote programming

- Includes all of the components of the remote interrogation **plus** selection of patient specific programmed parameters.
- Billed with a single code CPT 0650T without a modifier when both professional and technical components are performed. Append modifier 26 for a professional component only, and modifier TC for a technical component only.
- Code represents each occurrence of remote programming

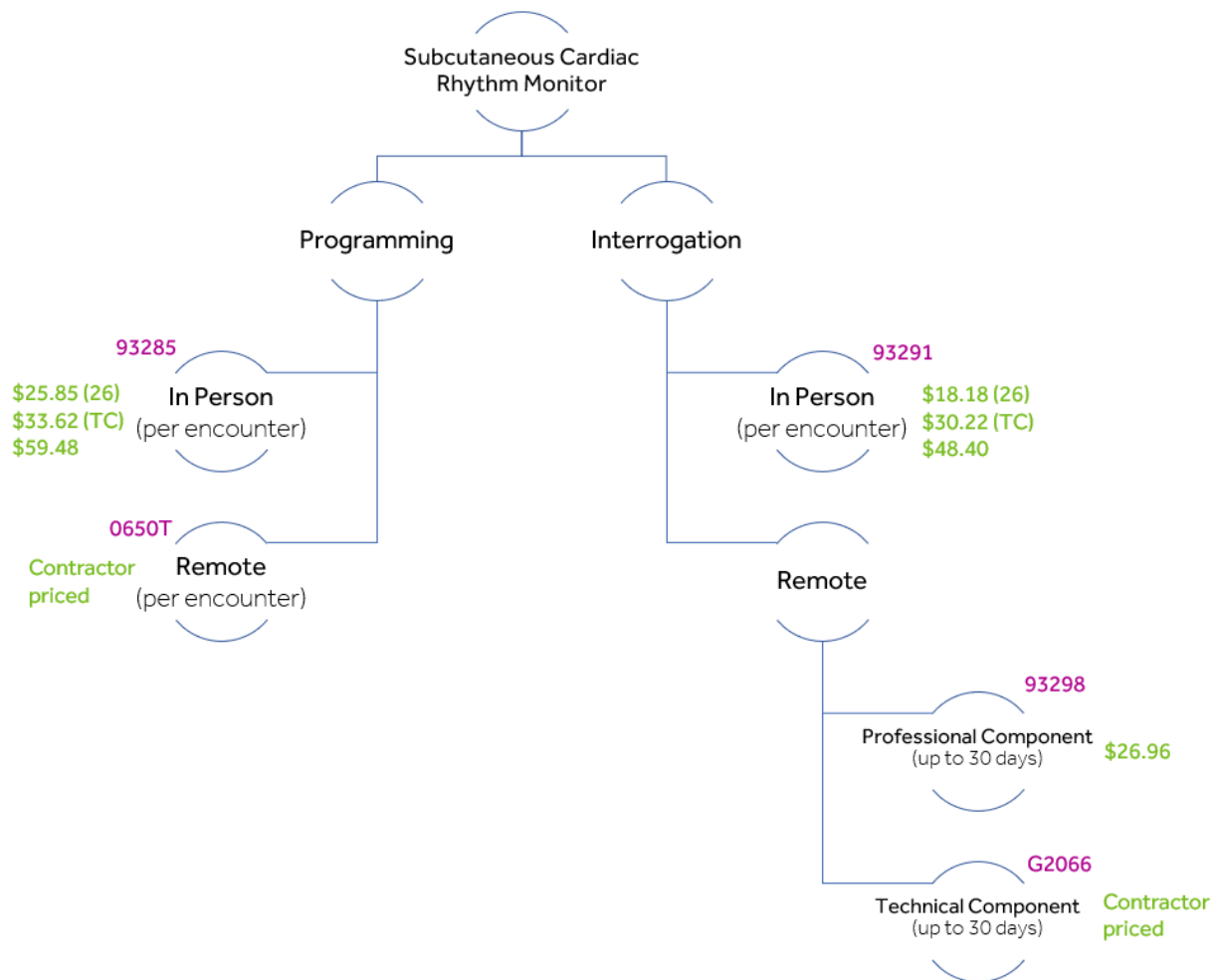
**Q7: If a patient is monitored remotely and remote programming is performed during the 30-day remote interrogation period, what is billable?**

Remote programming and remote device evaluations may both be reported during the 30-day remote interrogation device evaluation period. If remote programming is covered, it will be reimbursed in addition to remote interrogation (G2066 and 93298). The reimbursement payment for remote interrogation is not impacted by the presence or absence of 0650T.

**Q8: How often can I bill 0650T?**

The Category III CPT Code 0650T is a per encounter code. It may be billed once per programming per patient. Frequency for reporting 0650T is based on medical necessity. Consult with your payer for specific coverage details and requirements.

Figure 1. Programming vs. Interrogation<sup>2</sup>



## CONTACT

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## REFERENCES

<sup>1</sup>CPT Category III Codes. <https://www.ama-assn.org/system/files/2020-12/cpt-category3-codes-long-descriptors.pdf>. Published 2021. Accessed April 29, 2021.

<sup>2</sup>PFS 2021 Final Rule CMS-1734-F released December 2, 2020 and updated due to legislation signed on December 27, 2020 <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notice/cms-1734-f>

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