

LCD for Analysis of Implantable Cardiac Devices (L26639)

Contractor Information

Contractor Name

Wisconsin Physicians Service Insurance Corporation

Contractor Number

05102, 05202, 05302, 05402

Contractor Type

MAC - Part B

LCD Information

LCD ID Number

L26639

LCD Title

Analysis of Implantable Cardiac Devices

Contractor's Determination Number

CV-540

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CMS National Coverage Policy

Title XVIII of the Social Security Act section 1862(a)(1)(A). This section excludes coverage and payment for items and services that are not considered reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the function of a malformed body member.

Title XVIII of the Social Security Act, Section 1862 (a)(7). This section excludes routine physical examinations.

Title XVIII of the Social Security Act, Section 1833 (e). This section prohibits Medicare payment for any claim, which lacks the necessary information to process the claim.

Medicare National Coverage Determination Manual, 100-3, Chapter 1, Part 1, §20.8.1 for Cardiac Pacemaker Evaluation Services

Medicare Claims Processing Manual, Pub.100-4, Chapter 12, §30.4.B for Cardiovascular System (Codes 92950 -93799)

Transmittal 971, CR#5104, dated June 2, 2006, for clarification regarding effective dates for carrier claim adjustments: Denied Replacement Defibrillator Claims Lacking a QR modifier

Oversight Region

Region I
Region X

Original Determination Effective Date

For services performed on or after 02/01/2008

Original Determination Ending Date

Revision Effective Date

For services performed on or after 08/01/2009

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

Approval by the Food and Drug Administration (FDA) of systems, which record, transmit and archive information from an implantable cardiac device and a patient's heart was earned December 21, 2001. Until recently recording the cardiac electrical activity from the skin, electrocardiography (ECG), evaluating the information, interviewing the patient concerning symptoms and face-to-face assessment of the patient's physical condition was accomplished in clinics and physician offices. In clinics and office, expertise and equipment was available to integrate this information into the clinical decision-making process concerning programming the implantable cardiac device.

Recording the electrogram (EGM) using the device's lead electrode in addition to information about the device and transmitting this information from a remote location to a secure receiving station; for example, a dedicated computer or internet server is now possible. Interrogation of the device and the patient's cardiac status may now be initiated by the patient. The ability to interrogate the ICD and check the patient's cardiac electrical activity has been expanded in dimensions of physical place and time. Physicians have determined the frequency of interrogation of those devices. Now patients may initiate monitoring.

This local coverage determination (LCD) will provide guidance about billing for this new service.

Indications include any of the following:

Patient symptoms related to heart rhythm; for example palpitations or cardiac syncope

Device events; for example discharge of defibrillator, ICD sensing and/or pacing ability and battery voltage

Limitations include all of the following:

The system must have approval by the FDA.

The service must be prescribed by a physician.

The place of service must be a physician's office, POS (11)

Internet/remote based interrogation is NOT available to patients in facilities.

No part of device surveillance may be reported as an E&M service.

Reasons for Denial

1) A claim submitted without a valid ICD-9-CM code will be returned as an incomplete claim under the Social Security Act, Section 1833 (e).

2) A claim with a truncated ICD-9-CM code will be returned as incomplete under the Social Security Act, Section 1833 (e).

3) A claim submitted without one of the codes listed in "ICD-9-CM Codes that Support Medical Necessity" section of this policy will be denied under the Social Security Act, Section 1862 (a)(1)(A).

4) A claim for services initiated when the patient was in a place of service listed above.

5) A claim for services rendered by a physician when the place of service (POS) is not office (11).

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

CPT/HCPCS Codes

93288	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER; SINGLE, DUAL, OR MULTIPLE LEAD PACEMAKER SYSTEM
93289	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER; SINGLE, DUAL, OR MULTIPLE LEAD IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR SYSTEM, INCLUDING ANALYSIS OF HEART RHYTHM DERIVED DATA ELEMENTS
93290	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER; IMPLANTABLE CARDIOVASCULAR MONITOR SYSTEM, INCLUDING ANALYSIS OF 1 OR MORE RECORDED PHYSIOLOGIC CARDIOVASCULAR DATA ELEMENTS FROM ALL INTERNAL AND EXTERNAL SENSORS
93292	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER; WEARABLE DEFIBRILLATOR SYSTEM

ICD-9 Codes that Support Medical Necessity

410.00 - 410.92	ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL EPISODE OF CARE UNSPECIFIED - ACUTE MYOCARDIAL INFARCTION OF UNSPECIFIED SITE SUBSEQUENT EPISODE OF CARE
411.1	INTERMEDIATE CORONARY SYNDROME
411.81	ACUTE CORONARY OCCLUSION WITHOUT MYOCARDIAL INFARCTION
411.89	OTHER ACUTE AND SUBACUTE FORMS OF ISCHEMIC HEART DISEASE OTHER
413.0	ANGINA DECUBITUS
413.9	OTHER AND UNSPECIFIED ANGINA PECTORIS
426.0 - 426.13	ATRIOVENTRICULAR BLOCK COMPLETE - OTHER SECOND DEGREE ATRIOVENTRICULAR BLOCK
426.2 - 426.3	LEFT BUNDLE BRANCH HEMIBLOCK - OTHER LEFT BUNDLE BRANCH BLOCK

426.4	RIGHT BUNDLE BRANCH BLOCK
426.53 - 426.54	OTHER BILATERAL BUNDLE BRANCH BLOCK - TRIFASCICULAR BLOCK
426.6	OTHER HEART BLOCK
426.89	OTHER SPECIFIED CONDUCTION DISORDERS
426.9	CONDUCTION DISORDER UNSPECIFIED
427.0 - 427.2	PAROXYSMAL SUPRAVENTRICULAR TACHYCARDIA - PAROXYSMAL TACHYCARDIA UNSPECIFIED
427.31	ATRIAL FIBRILLATION
427.41	VENTRICULAR FIBRILLATION
427.42	VENTRICULAR FLUTTER
427.60 - 427.69	PREMATURE BEATS UNSPECIFIED - OTHER PREMATURE BEATS
427.81 - 427.9	SINOATRIAL NODE DYSFUNCTION - CARDIAC DYSRHYTHMIA UNSPECIFIED
428.0	CONGESTIVE HEART FAILURE UNSPECIFIED
428.1	LEFT HEART FAILURE
428.20 - 428.23	UNSPECIFIED SYSTOLIC HEART FAILURE - ACUTE ON CHRONIC SYSTOLIC HEART FAILURE
428.30	UNSPECIFIED DIASTOLIC HEART FAILURE
428.32	CHRONIC DIASTOLIC HEART FAILURE
428.33	ACUTE ON CHRONIC DIASTOLIC HEART FAILURE
428.40	UNSPECIFIED COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
428.42	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
428.43	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
428.9	HEART FAILURE UNSPECIFIED
429.4	FUNCTIONAL DISTURBANCES FOLLOWING CARDIAC SURGERY
746.86	CONGENITAL HEART BLOCK
780.2	SYNCOPE AND COLLAPSE
785.0	TACHYCARDIA UNSPECIFIED
785.1	PALPITATIONS
785.2	UNDIAGNOSED CARDIAC MURMURS
786.05	SHORTNESS OF BREATH
996.00 - 996.01	

	MECHANICAL COMPLICATIONS OF UNSPECIFIED CARDIAC DEVICE IMPLANT AND GRAFT - MECHANICAL COMPLICATION DUE TO CARDIAC PACEMAKER (ELECTRODE)
996.04	MECHANICAL COMPLICATION OF AUTOMATIC IMPLANTABLE CARDIAC DEFIBRILLATOR
996.72	OTHER COMPLICATIONS DUE TO OTHER CARDIAC DEVICE IMPLANT AND GRAFT
997.1	CARDIAC COMPLICATIONS NOT ELSEWHERE CLASSIFIED
V45.00 - V45.09	UNSPECIFIED CARDIAC DEVICE IN SITU - OTHER SPECIFIED CARDIAC DEVICE IN SITU
V53.31	FITTING AND ADJUSTMENT OF CARDIAC PACEMAKER
V53.32	FITTING AND ADJUSTMENT OF AUTOMATIC IMPLANTABLE CARDIAC DEFIBRILLATOR

Diagnoses that Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

General Information

Documentation Requirements

- 1) ICD-9-CM codes must reflect the condition of the patient and indicate the reason(s) for which the service was performed.
- 2) Internet/Remote based services may require a signed service agreement between the manufacturer and the physician. This agreement should be available upon request. It might be requested to provide evidence that the system has FDA approval, for example.
- 3) The medical record should document the following:
The service was rendered in a physician's office (POS 11).

There must be a documented interpretation of the information transmitted from the patient on each DOS within the patient record.

All transmissions, reports, and interpretations for submitted claims must be in the patient's record and provided if requested.

The reason for the service must be documented in the patient record. Patient symptoms and the nature of the symptoms versus surveillance of the devices battery power, capacitor status or pacing/sensing capability could be reasons justifying internet/remote transmission of EMG and device information and interpretation.

An evaluation and management service (E&M) may be billed on the same date of service when based upon the information from the interrogation the physician physically examines the patient in the emergency room, home, hospital, office, or other place of service. However, additional physician work may not be added to this service unless it is medically necessary to physically examine the patient.

Appendices

Utilization Guidelines

Excerpts from Medicare Administrative guidelines for monitoring cardiac pacemakers follow. These are instructions Medicare Carriers use to form a reimbursement and utilization framework for coverage of these types of service.

C. Frequency Guidelines for Transtelephonic Monitoring. The guidelines below constitute a system which contractors should use, in conjunction with their knowledge of local medical practices, to screen claims for transtelephonic monitoring prior to payment. It is important to note that they are not recommendations with respect to a minimum frequency for such monitorings, but rather a maximum frequency (within which payment may be made without further claims development). As with previous guidelines, more frequent monitorings may be covered in cases where contractors are satisfied that such monitorings are medically necessary; e.g., based on the condition of the patient, or with respect to pacemakers exhibiting unexpected defects or premature failure.

Contractors should seek written justification for more frequent monitorings from the patient's physician and/or any monitoring service involved.

These guidelines are divided into two broad categories—Guideline I, which will apply to the majority of pacemakers now in use, and Guideline II, which will apply only to the pacemaker systems.....

More sophisticated systems are also capable of detecting internal electronic problems within the pulse generator itself and other potential problems. In the case of dual chamber pacemakers in particular, such monitoring may detect failure of synchronization of the atria and ventricles, and the need for adjustment and reprogramming of the device.

"TABLE 2. MEDICARE GUIDELINES FOR PACEMAKER FOLLOW-UP"

Guideline I

Single-chamber pacemakers

1st month - every 2 weeks.

2nd through 36th month - every 8 weeks.

37th month to failure - every 4 weeks.

Dual-chamber pacemaker

1st month - every 2 weeks.

2nd through 6th month - every 4 weeks.

7th through 36th month - every 8 weeks.
37th month to failure - every 4 weeks.

Guideline II

Single-chamber pacemakers

1st month - every 2 weeks.
2nd through 48th month - every 12 weeks.
49th through 72nd month - every 8 weeks.
Thereafter - every 4 weeks.

Dual-chamber pacemaker

1st month - every 2 weeks.
2nd through 30th month - every 12 weeks.
31st through 48th month - every 8 weeks.
Thereafter - every 4 weeks.

The guidelines divide pacemakers systems (pacemaker generator and leads) into two categories. Category one, which accounts for the bulk of pacemakers, comprises those in which there is insufficient long-term clinical data to assure that the pacemaker conforms to standards for longevity and end-of-life decay set by the Inter-Society Commission for Heart Disease Resources. Pacemakers known to meet those standards can be monitored less frequently in months 2-30.

“Standards of the Inter-Society Commission for Heart Disease Resources (ICHHD) for longevity and end-of-life decay. (The ICHHD standards are: (1) 90 percent cumulative survival at 5 years following implant; and (2) an end-of-life decay of less than a 50 percent drop of output voltage and less than 20 percent deviation of magnet rate, or a drop of 5 beats per minute or less, over a period of 3 months or more.)”

Sources of Information and Basis for Decision

WPS has consolidated the existing LCDs for MAC Jurisdiction 5 according to the instructions provided by CMS so that they are the same throughout the jurisdiction. In the vast majority of cases, one least restrictive LCD was selected as the jurisdictional LCD. In some cases, appropriate revisions, such as combining sections of LCDs that only addressed a portion of a general topic into a single, more complete document, were made to improve the clinical appropriateness of the LCD while keeping with the least restrictive requirement.

In situations where one or more of the states in the jurisdiction does not have an LCD on a topic, then the existing LCDs were reviewed and, based on the merits of the LCD, a decision was made to make the LCD jurisdictional or to have no LCD on that topic with the approval of CMS.

Some revisions of the existing LCDs were necessary to remove references to the former contractor and to update the Sources of Information and Basis for Decision. CPT, HCPCS and ICD-9 codes will be updated as necessary.

According to the J5 MAC contract, the J5 consolidated LCDs are posted on the web site for the 45 day final notification period prior to the policy implementation date. The MAC contractor is not required to utilize the formal notice and comment revision process specified in Chapter 13 of the Program Integrity Manual (PIM) until the consolidation process is final. However, WPS welcomes provider input regarding the J5 consolidated LCDs. Based on the comments received, LCDs will be revised as necessary during the transition from the existing to new contractor.

This policy does not reflect the sole opinion of the contractor or contractor medical director. Although the final decision rests with the contractor, this policy was developed in consideration of the active LCDs maintained by the preceding Medicare contractors for Jurisdiction 5.

- 1) Abram J et. al. ACC/AHA/NASPE 2002 guideline update for implantation of cardiac pacemakers and antiarrhythmia devices www.acc.org/clinical/guidelines/pacemaker.pdf
- 2) Bush D.E. Finucane TE Permanent cardiac pacemakers in The Elderly J AM Geriatr Soc 42:326-334, 1994.
- 3) Saksena S et. al. Clinical investigation of antiarrhythmic devices Jour Am Coll Cardiol 25; 5: 961-73, 1995
- 4) Wilkoff BL, Ellenbogen KA, Kag GN Clinical cardiac pacing and defibrillation Philadelphia: W.B. Saunders xv 1007p: ill ISBN/ISSN 0721676839

Advisory Committee Meeting Notes

Start Date of Comment Period

End Date of Comment Period

Start Date of Notice Period

12/01/2008

Revision History Number

3

Revision History Explanation

Effective 8/1/09 contractor number 05392 will be combined with 05302

07/29/2009 Contractor number 05392 unintentionally removed.

06/25/2009 Removed contractor number 05392 E Missouri since it is joining into the contract number for WMO effective 08/01/2009

04/17/09 updated revision history to reflect article 1/1/2009 and date of HCPCs update. AB

*01/01/2009 Article
12/01/2008 HCPCs update

Reason for Change

Last Reviewed On Date

11/01/2007

Related Documents

This LCD has no Related Documents.

LCD Attachments

[Billing and Coding Guidelines for CV-540 \(PDF - 10,232 bytes\)](#)

All Versions

Updated on 07/29/2009 with effective dates 08/01/2009 - N/A
Updated on 07/29/2009 with effective dates 08/01/2009 - N/A
Updated on 07/29/2009 with effective dates 08/01/2009 - N/A
Updated on 07/17/2009 with effective dates 03/01/2008 - 07/31/2009
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