

Contractor Name

Wisconsin Physicians Service (WPS)

Contractor Number

00951, 00952, 00953, 00954

Contractor Type

Carrier

LCD Database ID Number

L23428

LCD Version Number

LCD Title

Cardiac Rhythm Device Evaluation

Contractor's Determination Number

CV-040

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CMS National Coverage Policy

Title XVIII of the Social Security Act section 1862 (a)(1)(A)..

Title XVIII of the Social Security Act section 1862 (a)(1)(D)

Title XVIII of the Social Security Act section 1862 (a)(7).

Title XVIII of the Social Security Act section §1833 (c) and §1833 (e).

CFR Title 42, Part 410.73(b)(1)[CITE: 42CFR410.73] (CMS) of the Act and in §2470ff

Medicare National Coverage Determinations Manual - Pub. 100-3, Part 1, Section 20.8

Medicare Claims Processing Manual - Pub 100-04; 30.4 – *Cardiovascular System (Codes 92950-93799)*

Change Request 5048 (Rev. 979, Issued: 06-09-06, Effective: 07-10-06, Implementation: 07-10-06

Correct Coding Initiative - Medicare Contractor Beneficiary and Provider Communications Manual -

Pub. 100-9, Chapter 5

Primary Geographic Jurisdiction

Wisconsin, Illinois, Michigan, Minnesota

Oversight Region

Region V

CMS Consortium

Midwest

Original Determination Effective Date

10/16/2006

Revision Effective Date

Indications and Limitations of Coverage and/or Medical Necessity

Pacemaker and Implanted Cardioverter Defibrillator/ Defibrillator Monitoring

Electronic analysis of the patient's pacemaker and/or cardioverter-defibrillator is medically necessary on a regular basis to evaluate the device. The frequency of follow-up is determined by the patient's attending physician who takes into account the condition and circumstances of the individual patient. If the analysis is done by some entity other than the patient's physician, such as a commercial monitoring service or hospital outpatient department, the physician's prescription for the service is required and must be renewed at least annually to assure that the frequency of testing is proper for the patient. When services are performed by entities other than the attending physician, such as monitoring services and pacemaker clinics, it is expected that the service is medically necessary and the information obtained from these monitoring activities be communicated to the attending physician for use in the management of the patient's condition. This information must be documented in the patient's medical record.

Appropriate frequency of analysis of cardiac rhythm devices should be determined by the physician based upon multiple factors. Payment for services provided at a frequency that exceeds the national frequency guidelines listed in this policy may be made by Medicare upon medical review if medical reasonableness and necessity for the services are documented.

Cardiac rhythmic device and/or internal cardiac defibrillators (ICD) evaluating is covered if it includes the following that will optimize pacemaker/ICD function:

- Evaluating the battery of the device
- Evaluating and programming the pacing amplitude or other intrinsic electronic functions.
- Evaluating the diagnostic function or the device

The American College of Cardiology provides the following guidance:

Many of the same considerations are relevant to both pacemaker and ICD follow-up. Programming undertaken at implantation should be reviewed before discharge and changed accordingly at subsequent follow-up visits as indicated by interrogation, testing, and patient needs. With careful attention to programming pacing amplitude, pulse width, and diagnostic functions, battery life can be enhanced significantly without compromising patient safety. Taking advantage of programmable options also allows optimization of pacemaker function for the individual patient.

The frequency and method of follow-up is dictated by multiple factors, including other cardiovascular or medical problems managed by the physician involved, the age of the pacemaker, and geographic accessibility of the patient to medical care. Some centers may prefer to use trans-telephonic monitoring (TTM) as the mainstay of follow-up, with intermittent clinic evaluations. Others may prefer to do the majority or all of the patient follow-up in clinic. Automatic features such as automatic threshold assessment have been incorporated increasingly into newer devices and facilitate follow-up for patients who live far from follow-up clinics. These automatic functions are not, however, universal and need not and cannot supplant the benefits of direct patient contact, particularly with regard to history taking and physical examination. Clinic follow-up usually includes assessment of the clinical status of the patient, battery status, pacing threshold and pulse width, sensing function, and lead integrity, as well as optimization of sensor-driven rate response.

Pacemakers

See the coding article associated with this document to review the requirements surrounding pacemaker analysis.

Internet –based services

The Internet now provides a medium through which a physician can acquire device information from a patient's implanted pacemaker without face-to-face contact. The patient may use a manufacturer's specific transmitter to send data to a central service station. The physician, in turn, retrieves the data with an office computer. This information is identical to a face-to-face pacemaker interrogation without reprogramming.

1. Surveillance of the pacemaker is indicated to evaluate the behavior of the device and to assess the patient with intervening symptoms. The frequency and need for both face to face and internet based modalities should be coordinated so that there are no unnecessary duplications of the interrogation services and be compliant with CMS guidelines.
2. The service must be prescribed by a physician or a qualified non-physicians practitioner.
3. An evaluation and management (E&M) service provided on the same day as the analysis must be a separate and distinct face-to-face service. No part of the pacemaker surveillance (face to face or Internet based) may be reported as an E&M service.

Telephonic-based services

Telephonic-based services for pacemaker evaluation have long been covered by Medicare based on National requirements. See accompanying Coding Guidelines.

ICD / Defibrillator

The American College of Cardiology provides the following guidance:

Elements of ICD Follow-up

The follow-up of an ICD patient must be individualized in accordance with the patient's clinical status and conducted by a fully trained clinical cardiac electrophysiologist. In general, device programming is initiated at implantation and should be reviewed at pre-discharge and/or subsequent postoperative electrophysiologic testing. Devices should be followed at 1- to 4-month intervals, depending on the device model and the patient's clinical status. Manufacturer guidelines for device follow-up vary with individual models and should be available. Transtelephonic follow-up (if available) should always be supplemented by clinic visits at a minimum of 4-month intervals for patient and device evaluation.

It is often necessary to reprogram the initially selected parameters either in the outpatient clinic or by electrophysiologic testing. When device function or concomitant antiarrhythmic therapy is modified, electrophysiologic testing can be and often is required to evaluate sensing, pacing, or defibrillation functions of the device. Particular attention should be given to review of sensing parameters, programmed defibrillation and pacing therapies, device activation, and event logs. Technical elements requiring review include battery status, lead system parameters, and elective replacement indicators. Intervening evaluation of device function is often necessary. In general, in patients experiencing device activation, with or without therapy, delivery should be evaluated shortly after the event until a regular acceptable pattern of patient symptomatology and tolerance for such events is established and device behavior is deemed reliable, safe, and effective.

Traditional follow up of an ICD is done by way of a compatible programmer in a face-to-face encounter. Intervening symptoms, event markers and device responses are evaluated and if necessary reprogramming of the device is initiated.

The Internet now provides a medium through which a physician can acquire device information from a patient's ICD without face-to-face contact. The patient may use a manufacturer's specific transmitter to

send data to a central service station. The physician, in turn, retrieves the data with an office computer. This information is identical to a face-to-face ICD interrogation without reprogramming.

1. Surveillance of an ICD is indicated to monitor the behavior of the device and to assess the patient with intervening symptoms. The frequency and need for both face to face and internet based modalities should be coordinated so that there are no unnecessary duplications of the interrogation services.
2. The symptoms requiring unscheduled investigation by both Internet or face-to-face modalities should be discrete symptoms such as suspicion of device malfunction, post shock events, syncope or near syncope or new/unusual palpitations.
3. The service must be prescribed by a physician or a qualified non-physicians practitioner.
4. An evaluation and management (E&M) service provided on the same day as the analysis must be a separate and distinct face-to-face service. No part of the ICD surveillance (face to face or Internet based) may be reported as an E&M service.
5. Coverage is limited to system(s) approved by the FDA for patients with a specific implanted ICD model.
6. Only physicians who have expertise and/or training in reprogramming of ICDs may report the interrogation with or without reprogramming services

Coverage Topic

Cardiovascular

CPT/HCPCS Codes

93724	Electronic analysis of anti-tachycardia pacemaker system
93731	Electronic analysis of dual chamber pacemaker system without reprogramming
93732	Electronic analysis of dual chamber pacemaker system with reprogramming
93733	Electronic analysis of dual chamber internal pacemaker, telephonic analysis
93734	Electronic analysis of single chamber pacemaker system without reprogramming
93735	Electronic analysis of single chamber pacemaker system with reprogramming
93736	Electronic analysis of single chamber internal pacemaker, telephonic analysis
93741	Electronic analysis of pacing cardioverter-defibrillator, single chamber or wearable system, without reprogramming
93742	Electronic analysis of pacing cardioverter-defibrillator, , single chamber or wearable system, with reprogramming
93743	Electronic analysis of pacing cardioverter-defibrillator, dual chamber system, without reprogramming
93744	Electronic analysis of pacing cardioverter-defibrillator, dual chamber system, with reprogramming

Does the CPT 30% Rule Apply

No

ICD-9 Codes that Support Medical Necessity

Note: ICD-9 codes must be coded to the highest level of specificity.

426.0	Atrioventricular block, complete
426.12	Mobitz type II atrioventricular block
426.13	Other second degree atrioventricular block
426.51	Right bundle branch block and left posterior fascicular block
426.52	Right bundle branch block and left anterior fascicular block
426.53	Other bilateral bundle branch block

426.54	Trifascicular block
426.7	Anomalous atrioventricular excitation
427.0	Paroxysmal supraventricular tachycardia
427.1	Paroxysmal ventricular tachycardia
427.2	Paroxysmal tachycardia, unspecified
427.31	Atrial fibrillation
427.32	Atrial flutter
427.41	Ventricular fibrillation
427.42	Ventricular flutter
427.5	Cardiac arrest
427.81	Sinoatrial node dysfunction
427.89	Other specified cardiac dysrhythmias
780.2	Syncope and collapse
785.1	Palpitations
996.01	Mechanical complication due to cardiac pacemaker (electrode)
996.04	Mechanical complication of automatic implantable cardiac defibrillator
996.09	Other mechanical complication of cardiac device implant and graft
996.72	Other complications due to other cardiac device implant and graft
V45.00	Unspecified cardiac device in situ
V45.01	Cardiac pacemaker in situ
V45.02	Automatic implantable cardiac defibrillator in situ
V45.09	Other specified cardiac device in situ
V53.31	Fitting and adjustment of cardiac pacemaker
V53.32	Fitting and adjustment of automatic implantable cardiac defibrillator
V53.39	Fitting and adjustment of other cardiac device

Diagnoses that Support Medical Necessity

NA

ICD-9 Codes that DO NOT Support Medical Necessity

NA

Diagnoses that DO NOT Support Medical Necessity

NA

Documentation Requirements

1. Medical record documentation maintained by the performing provider must clearly indicate the medical necessity of the service being billed and must demonstrate the medical necessity of the services performed in excess of the established frequency guidelines. In addition, the documentation must support that the service was performed. This information is normally found in the office/progress notes, hospital records, and testing results.
2. A physician's prescription for any service is required and must be renewed annually when the monitoring is performed by a commercial monitoring service or an outpatient hospital department. In addition, the documentation must indicate the date and type of device implanted.
3. For services performed by entities other than the attending physician, such as monitoring services and pacemaker clinics, it is expected that the medical record documentation will demonstrate how the information obtained is used in the management of the patient.
4. Documentation should support the criteria for coverage as set forth in the "Indications and Limitations of Coverage" and/or Medical Necessity" section of this policy.
5. Documentation should be made available upon request.

Utilization Guidelines

ICD Evaluations only (For pacemakers see the coding article)

1. When the service is rendered for monitoring purposes only in the absence of symptoms or discharge of the device (ICD-9-CM code V45.02), it is expected that the service be performed no more than once every four months.
2. When the service is rendered for other indications, it may be performed as appropriate based on clinical symptomatology.

Sources of Information and Basis for Decision

TrailBlazer Medicare Local Medical Review Policy- "Cardiac Rhythm Device Evaluation"
 Empire Local Medical Review Policy – “Surveillance of Implantable cardioverter defibrillators (ICDs), Office or web-based “
 American College of Cardiology/American Heart Association. "2002/ACC/AHAGuidelines for Implantation of Cardiac Pacemakers and Antiarrhythmia Devices,"

Advisory Committee Meeting Notes

Meeting Date:

Wisconsin: 05/05/2006
 Illinois: 05/17/2006
 Michigan: 05/03/2006
 Minnesota: 05/11/2006

Start Date of Comment Period

Wisconsin: 05/17/2006
 Illinois: 05/17/2006
 Michigan: 05/17/2006
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End Date of Comment Period

Wisconsin: 07/07/2006
 Illinois: 07/07/2006
 Michigan: 07/07/2006
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Start Date of Notice Period

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Revision History Number/Explanation

Wisconsin:
 Illinois:
 Michigan:
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Last Reviewed On

09/01/2006

Notes

* - An asterisk indicates a revision to that section of the policy.

[There is a coding article associated with this document](#)

Does this LCD contain a "Least Costly Alternative" Provision?

No