



CLINICAL MEDICAL POLICY	
Policy Name:	Cardiac Rhythm Device Evaluation (L34833)
Policy Number:	MP-045-MC-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	03/01/2023; 03/01/2022; 02/13/2021; 02/17/2020; 03/18/2019; 05/01/2018
Effective Date:	04/01/2023; 04/01/2022; 03/15/2021; 03/16/2020; 03/18/2019; 05/01/2018
Next Annual Review:	01/2024
Revision Date:	01/18/2023; 01/19/2022; 01/20/2021; 01/15/2020; 01/16/2019
Products:	Pennsylvania Medicare Assured
Application:	All participating and nonparticipating practitioners and facilities unless contractually precluded
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Policy History

Date	Activity
TBD	Provider Effective date
01/18/2023	QI/UM Committee review
01/18/2023	Annual Review: No changes to clinical criteria. Updated CMS hyperlinks. Updated 'Reference Sources' sections. Added the following ICD-10 codes: I47.21 & I47.29. Removed the following ICD-10 code: I47.2, all per CMS guidance.
04/01/2022	Provider Effective date
01/19/2022	QI/UM Committee review
01/19/2022	Annual Review: No changes to clinical criteria. Added 'General Information' to Procedure section. Updated CMS links and Reference Sources section.
03/15/2021	Provider Effective Date
01/20/2021	QI/UM Committee Review
01/20/2021	Annual Review: New Medicare Policy format implemented. No criteria or coding changes. Links added.
03/16/2020	Provider Effective Date
01/15/2020	QI/UM Committee Review
01/15/2020	Annual Review: No criteria changes; formatting changes, deleted diagnosis codes I48.1, I48.2, I21.A1 & I21.A9; added I48.11, I48.19, I48.20, I48.21, T82.199D, T82.199S, Z45.09, & Z95.818; updated references

03/18/2019	Provider Effective Date
01/16/2019	QI/UM Committee review
01/16/2019	Annual Review: Added LCD number to title section; Removed ICD-10 code 93.8 and added R93.89; removed the word 'Covered' from the procedure and diagnosis tables. No criteria changes. Updated References.
05/01/2018	New Provider effective date
02/21/2018	QI/UM Committee review
02/05/2018	Initial policy developed

Disclaimer

Highmark WholecareSM medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark WholecareSM may provide coverage under the medical-surgical benefits of the Company's Medicare products for medically necessary Cardiac Rhythm Device Evaluation Services.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

Procedures

1. Electronic analysis to monitor the patient's pacemaker or cardioverter-defibrillator is medically necessary on a regular basis to evaluate the device. Pre- and post-operative evaluation of the cardiac rhythm device in patients with implantable cardioverter-defibrillators (ICDs), or who are pacer dependent, may be necessary because electromagnetic interference can alter the function of these devices, especially ICDs, in unpredictable ways. They may need to be re-programmed before and after a surgical procedure.
2. Please review the specific National Coverage Determination (NCD), Local Coverage Determination (LCD), and/or Local Coverage Article (LCA) information, as well as other CMS sources, using the links below.
3. Post-Payment Audit Statement
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark WholecareSM at any time pursuant to the terms of your provider agreement.

3. Place of Service

Electronic analysis of a pacing cardioverter-defibrillator is performed in an office or outpatient hospital setting.

Coverage Determination and Links

Highmark WholecareSM follows the coverage determinations made by CMS as outlined in either the NCD, or the state-specific LCD, and/or LCA.

CMS Link

- [CMS Website](#)

NCD/LCD Links

- There are no current NCDs related to this topic.
 - Related NCD: [Cardiac Pacemaker Evaluation Services \(20.8.1\)](#)
 - Related NCD: [Transtelephonic Monitoring of Cardiac Pacemakers \(20.8.1.1\)](#)
- [LCD: Cardiac Rhythm Device Evaluation \(L34833\)](#)

Article Link

- [LCA: Billing and Coding: Cardiac Rhythm Device Evaluation \(A56602\)](#)

Reference Sources

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) Cardiac Pacemaker Evaluation Services (20.8.1). Effective date October 1, 1984. Accessed on December 30, 2022.

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) Transtelephonic Monitoring of Cardiac Pacemakers (20.8.1.1). Effective date October 3, 2003. Accessed on December 30, 2022.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) Cardiac Rhythm Device Evaluation (L34833). Original Effective date October 1, 2015. Revision Effective date August 13, 2020. Accessed on December 30, 2022.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Article (LCA) Billing and Coding: Cardiac Rhythm Device Evaluation (A56602). Original Effective date June 13, 2019. Revision Date October 1, 2022. Accessed on December 30, 2022.

Coding Requirements

Procedure Codes

CPT Code	Description
93260	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; implantable subcutaneous lead defibrillator system
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system
93279	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; single lead pacemaker system or leadless pacemaker system in one cardiac chamber
93280	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; dual lead pacemaker system
93281	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; multiple lead pacemaker system
93282	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; single lead transvenous implantable defibrillator system
93283	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; dual lead transvenous implantable defibrillator system
93284	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; multiple lead transvenous implantable defibrillator system
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system

93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results
93724	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)

Group1

Diagnosis Codes

The following ICD-10-CM codes support medical necessity and provide coverage for CPT codes: **93279, 93280, 93281, 93286, 93288, 93293, 93294, 93296** and **93724**:

ICD-10 Code	Description
I44.1	Atrioventricular block, second degree
I44.2	Atrioventricular block, complete
I44.4	Left anterior fascicular block
I44.5	Left posterior fascicular block
I44.60	Unspecified fascicular block
I44.69	Other fascicular block
I44.7	Left bundle-branch block, unspecified
I45.0	Right fascicular block
I45.10	Unspecified right bundle-branch block
I45.19	Other right bundle-branch block
I45.2	Bifascicular block
I45.3	Trifascicular block
I45.6	Pre-excitation syndrome
I45.9	Conduction disorder, unspecified
I46.2	Cardiac arrest due to underlying cardiac condition

I46.8	Cardiac arrest due to other underlying condition
I46.9	Cardiac arrest, cause unspecified
I47.0	Re-entry ventricular arrhythmia
I47.1	Supraventricular tachycardia
I47.21	Torsades de pointes
I47.29	Other ventricular tachycardia
I47.9	Paroxysmal tachycardia, unspecified
I48.0	Paroxysmal atrial fibrillation
I48.11	Longstanding persistent atrial fibrillation
I48.19	Other persistent atrial fibrillation
I48.20	Chronic atrial fibrillation, unspecified
I48.21	Permanent atrial fibrillation
I48.3	Typical atrial flutter
I48.4	Atypical atrial flutter
I48.91	Unspecified atrial fibrillation
I48.92	Unspecified atrial flutter
I49.01	Ventricular fibrillation
I49.02	Ventricular flutter
I49.2	Junctional premature depolarization
I49.5	Sick sinus syndrome
I49.8	Other specified cardiac arrhythmias
I50.1	Left ventricular failure, unspecified
I50.20	Unspecified systolic (congestive) heart failure
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.810	Right heart failure, unspecified (Effective 2018)
I50.811	Acute right heart failure
I50.812	Chronic right heart failure (Effective 2018)
I50.813	Acute on chronic right heart failure (Effective 2018)
I50.814	Right heart failure due to left heart failure (Effective 2018)
I50.82	Biventricular heart failure (Effective 2018)
I50.83	High output heart failure
I50.84	End stage heart failure
I50.89	Other heart failure
I50.9	Heart failure, unspecified
R00.1	Bradycardia, unspecified
R00.2	Palpitations
R55	Syncope and collapse
T82.110A	Breakdown (mechanical) of cardiac electrode; initial encounter
T82.110D	Breakdown (mechanical) of cardiac electrode; subsequent encounter

T82.110S	Breakdown (mechanical) of cardiac electrode; sequela
T82.111A	Breakdown (mechanical) of cardiac pulse generator (battery); initial encounter
T82.111D	Breakdown (mechanical) of cardiac pulse generator (battery); subsequent encounter
T82.111S	Breakdown (mechanical) of cardiac pulse generator (battery); sequela
T82.118A	Breakdown (mechanical) of other cardiac electronic device; initial encounter
T82.118D	Breakdown (mechanical) of other cardiac electronic device; subsequent encounter
T82.118S	Breakdown (mechanical) of other cardiac electronic device; sequela
T82.119A	Other mechanical complication of cardiac electrode; initial encounter
T82.119D	Other mechanical complication of cardiac electrode; subsequent encounter
T82.119S	Other mechanical complication of cardiac electrode; sequela
T82.120A	Displacement of cardiac electrode; initial encounter
T82.120D	Displacement of cardiac electrode; subsequent encounter
T82.120S	Displacement of cardiac electrode; sequela
T82.121A	Displacement of cardiac pulse generator (battery); initial encounter
T82.121D	Displacement of cardiac pulse generator (battery); subsequent encounter
T82.121S	Displacement of cardiac pulse generator (battery); sequela
T82.128A	Displacement of other cardiac electronic device; initial encounter
T82.128D	Displacement of other cardiac electronic device; subsequent encounter
T82.128S	Displacement of other cardiac electronic device; sequela
T82.129A	Displacement of unspecified cardiac electronic device; initial encounter
T82.129D	Displacement of unspecified cardiac electronic device; subsequent encounter
T82.129S	Displacement of unspecified cardiac electronic device; sequela
T82.190A	Other mechanical complication of cardiac electrode; initial encounter
T82.190D	Other mechanical complication of cardiac electrode; subsequent encounter
T82.190S	Other mechanical complication of cardiac electrode; sequela
T82.191A	Other mechanical complication of cardiac pulse generator (battery); initial encounter
T82.191D	Other mechanical complication of cardiac pulse generator (battery); subsequent encounter
T82.191S	Other mechanical complication of cardiac pulse generator (battery); sequela
T82.198A	Other mechanical complication of other cardiac electronic device; initial encounter
T82.198D	Other mechanical complication of other cardiac electronic device; subsequent encounter
T82.198S	Other mechanical complication of other cardiac electronic device; sequela
T82.199A	Other mechanical complication of unspecified cardiac device; initial encounter
T82.199D	Other mechanical complication of unspecified cardiac device; subsequent encounter
T82.199S	Other mechanical complication of unspecified cardiac device; sequela
T82.221A	Breakdown (mechanical) of biological heart valve graft; initial encounter
T82.222A	Displacement of biological heart valve; initial encounter
T82.223A	Leakage of biological heart valve graft; initial encounter
T82.228A	Other mechanical complication of biological heart valve graft; initial encounter
T82.512A	Breakdown (mechanical) of artificial heart; initial encounter
T82.514A	Breakdown (mechanical) of infusion catheter; initial encounter
T82.518A	Breakdown (mechanical) of other cardiac and vascular devices and implants; initial encounter
T82.522A	Displacement of artificial heart; initial encounter
T82.524A	Displacement of infusion catheter; initial encounter

T82.528A	Displacement of other cardiac and vascular devices and implants; initial encounter
T82.529A	Displacement of unspecified cardiac and vascular devices and implants; initial encounter
T82.532A	Leakage of artificial heart; initial encounter
T82.534A	Leakage of infusion catheter; initial encounter
T82.538A	Leakage of other cardiac and vascular devices and implants; initial encounter
T82.592A	Other mechanical complication of artificial heart; initial encounter
T82.594A	Other mechanical complication of infusion catheter; initial encounter
T82.598A	Other mechanical complication of other cardiac and vascular devices and implants; initial encounter
T82.817A	Embolism due to cardiac prosthetic devices, implants and grafts; initial encounter
T82.827A	Fibrosis due to vascular prosthetic devices, implants and grafts; initial encounter
T82.837A	Hemorrhage due to cardiac prosthetic devices, implants and grafts; initial encounter
T82.847A	Pain due to cardiac prosthetic devices, implants and grafts; initial encounter
T82.857A	Stenosis of other cardiac prosthetic devices, implants and grafts; initial encounter
T82.867A	Thrombosis due to cardiac prosthetic devices, implants and grafts; initial encounter
T82.897A	Other specified complications of cardiac prosthetic devices, implants and grafts; initial encounter
T82.9XXA	Unspecified complication of cardiac and vascular prosthetic device, implant and graft; initial encounter
Z45.010	Encounter for checking and testing of cardiac pacemaker pulse generator [battery]
Z45.018	Encounter for adjustment and management of other part of cardiac pacemaker
Z45.09	Encounter for adjustment and management of other cardiac device
Z86.74	Personal history of sudden cardiac arrest
Z95.0	Presence of cardiac pacemaker
Z95.818	Presence of other cardiac implants and grafts
Z95.9	Presence of cardiac and vascular implant and graft, unspecified

Group 2

Procedure Codes

The following ICD-10-CM codes support medical necessity and provide coverage for CPT codes: **93260, 93261, 93282, 93283, 93284, 93287, 93289, 93292, 93295** and **93296**. All diagnoses listed under Pacemakers may apply to these codes, as well.

Report ICD-10-CM code **Z95.810** only when the service is a scheduled monitoring of the device.

ICD-10 Code	Description
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery
I21.29	ST elevation (STEMI) myocardial infarction involving other sites
I21.3	ST elevation (STEMI) myocardial infarction involving

I21.4	Non-ST elevation (NSTEMI) myocardial infarction
I21.9	Acute myocardial infarction; unspecified
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of interior wall
I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
I25.2	Old myocardial infarction
I25.5	Ischemic cardiomyopathy
I25.6	Silent myocardial ischemia
I25.810	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris
I25.811	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris
I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris
I25.89	Other forms of chronic ischemic heart disease
I25.9	Chronic ischemic heart disease, unspecified
I42.0	Dilated cardiomyopathy
I45.81	Long QT syndrome
I49.3	Ventricular premature depolarization
I49.9	Cardiac arrhythmia, unspecified
R93.1	Abnormal findings on diagnostic imaging of heart and coronary circulation
R93.89	Abnormal findings on diagnostic imaging of other specified body structure
T82.110A	Breakdown (mechanical) of cardiac electrode; initial encounter
T82.110D	Breakdown (mechanical) of cardiac electrode; subsequent encounter
T82.110S	Breakdown (mechanical) of cardiac electrode; sequela
T82.111A	Breakdown (mechanical) of cardiac pulse generator (battery); initial encounter
T82.111D	Breakdown (mechanical) of cardiac pulse generator (battery); subsequent encounter
T82.111S	Breakdown (mechanical) of cardiac pulse generator (battery); sequela
T82.118A	Breakdown (mechanical) of other cardiac electronic device; initial encounter
T82.118D	Breakdown (mechanical) of other cardiac electronic device; subsequent encounter
T82.118S	Breakdown (mechanical) of other cardiac electronic device; sequela
T82.119A	Other mechanical complication of cardiac electrode; initial encounter
T82.119D	Other mechanical complication of cardiac electrode; subsequent encounter
T82.119S	Other mechanical complication of cardiac electrode; sequela
T82.120A	Displacement of cardiac electrode; initial encounter
T82.120D	Displacement of cardiac electrode; subsequent encounter
T82.120S	Displacement of cardiac electrode; sequela
T82.121A	Displacement of cardiac pulse generator (battery); initial encounter
T82.121D	Displacement of cardiac pulse generator (battery); subsequent encounter
T82.121S	Displacement of cardiac pulse generator (battery); sequela
T82.128A	Displacement of other cardiac electronic device; initial encounter
T82.128D	Displacement of other cardiac electronic device; subsequent encounter
T82.128S	Displacement of other cardiac electronic device; sequela
T82.129A	Displacement of unspecified cardiac electronic device; initial encounter

T82.129D	Displacement of unspecified cardiac electronic device; subsequent encounter
T82.129S	Displacement of unspecified cardiac electronic device; sequela
T82.190A	Other mechanical complication of cardiac electrode; initial encounter
T82.190D	Other mechanical complication of cardiac electrode; subsequent encounter
T82.190S	Other mechanical complication of cardiac electrode; sequela
T82.191A	Other mechanical complication of cardiac pulse generator (battery); initial encounter
T82.191D	Other mechanical complication of cardiac pulse generator (battery); subsequent encounter
T82.191S	Other mechanical complication of cardiac pulse generator (battery); sequela
T82.198A	Other mechanical complication of other cardiac electronic device; initial encounter
T82.198D	Other mechanical complication of other cardiac electronic device; subsequent encounter
T82.198S	Other mechanical complication of other cardiac electronic device; sequela
T82.199A	Other mechanical complication of unspecified cardiac device; initial encounter
T82.199D	Other mechanical complication of unspecified cardiac device; subsequent encounter
T82.199S	Other mechanical complication of unspecified cardiac device; sequela
Z45.02	Encounter for adjustment and management of automatic implantable cardiac defibrillator
Z95.810	Presence of automatic (implantable) cardiac defibrillator

Bill Type Codes

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.

Bill Type Code	Description
011x	Hospital Inpatient (Including Medicare Part A)
012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient
021x	Skilled Nursing - Inpatient (Including Medicare Part A)
071x	Clinic - Rural Health
073x	Clinic - Freestanding
083x	Ambulatory Surgery Center
085x	Critical Access Hospital

Revenue Codes

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.

Note: Providers are reminded that not all CPT/HCPCS codes listed can be billed with all Bill Type and/or Revenue Codes listed. CPT/HCPCS codes are required to be billed with specific Bill Type and Revenue

Codes. Providers are encouraged to refer to the CMS Internet-Only Manual (IOM) Pub. 100-04, *Medicare Claims Processing Manual*, for further guidance.

Code	Description
048X	Cardiology - General Classification
073X	EKG/ECG (Electrocardiogram) - General Classification
0920	Other Diagnostic Services - General Classification
0981	Professional Fees - Emergency Room Services

Reimbursement

Participating facilities will be reimbursed per their Highmark WholecareSM contract.