

2020 Procedure and Payment Guide Remote CIED Evaluation

	Remote CIED Evaluation: CPT Description	Physician Fee Schedule (PFS) National AVG.		
CPT Code		In-Hospital	In-Office	Work RVU Total RVU
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	\$32	\$32	0.60 0.89
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	\$39	\$39	0.74 1.09
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	NA	\$26	0.00 0.72
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	\$28	\$28	0.52 0.77
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	\$28	\$28	0.52 0.78
G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Contractor Priced	Contractor Priced	0.00 0.00

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Payer policies and actual fees will vary by Medicare Administrative Contractor (MAC) and should be verified prior to procedure and or service for limitations on diagnosis, coding, or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. **WSP** recommends consulting your relevant manuals for appropriate coding options.

For a complete and current Physician Fee Schedule and Clinic reimbursement analysis for your local Medicare Administrative Contractor area, contact your **WSP** representative.

