INSTRUCTIONS FOR USE

This Policy Guideline is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates for health care services submitted on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450), or their electronic comparative. The information presented in this Policy Guideline is believed to be accurate and current as of the date of publication.

This Policy Guideline provides assistance in administering health benefits. All reviewers must first identify member eligibility, any federal or state regulatory requirements, Centers for Medicare and Medicaid Services (CMS) policy, the member specific benefit plan coverage, and individual provider contracts prior to use of this Policy Guideline. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document may differ greatly from the standard benefit plan upon which this Policy Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Policy Guideline. Other Policies and Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

UnitedHealthcare follows Medicare coverage guidelines and regularly updates its Medicare Advantage Policy Guidelines to comply with changes in CMS policy. UnitedHealthcare encourages physicians and other healthcare professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other healthcare professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier.

This Policy Guideline is provided for informational purposes. It does not constitute medical advice.

POLICY SUMMARY

Overview
Transtelephonic monitoring of pacemakers is furnished by hospital outpatient departments, physicians’ offices and commercial suppliers.

Telephone monitoring of cardiac pacemakers as described below is medically effective in identifying early signs of possible pacemaker failure, thus reducing the number of sudden pacemaker failures requiring emergency replacement. Systems that monitor the pacemaker rate (bpm) in both the free-running and/or magnetic mode are effective in detecting subclinical pacemaker failure due to battery depletion. 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 ventricles and atria, and the need for adjustment and reprogramming of the device.

Guidelines
Definition of Transtelephonic Monitoring
For transtelephonic monitoring services to be covered, the services must consist of the following elements:
- A minimum 30-second readable strip of the pacemaker in the free-running mode;
- A minimum 30 seconds of readable ECG strip; and
- Unless contraindicated, a minimum 30-second readable strip of the pacemaker in the magnetic mode.
Frequency Guidelines for Transtelephonic Monitoring

The guidelines below constitute a system which UnitedHealthcare uses, 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 monitoring’s, but rather a maximum frequency (within which payment may be made without further claims development). As with previous guidelines, more frequent monitoring’s may be covered in cases where UnitedHealthcare is satisfied that such monitoring’s are medically necessary; e.g., based on the condition of the patient, or with respect to pacemakers exhibiting unexpected defects or premature failure. UnitedHealthcare may seek written justification for more frequent monitoring’s 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 pacemaker systems (pacemaker and leads) for which sufficient long-term clinical information exists to assure that they meet the standards of the Inter-Society Commission for Heart Disease Resources (ICHD) for longevity and end-of-life decay. (The ICHD standards are: (1) 90% cumulative survival at 5 years following implant; and (2) an end-of-life decay of less than a 50% drop of output voltage and less than 20% deviation of magnet rate, or a drop of 5 beats per minute or less, over a period of 3 months or more.) UnitedHealthcare may consult with their medical advisers and other appropriate individuals and organizations (such as the North American Society of Pacing and Electrophysiology which publishes product reliability information) should questions arise over whether a pacemaker system meets the ICHD standards.

The two groups of guidelines are then broken down into two general categories – single-chamber and dual-chamber pacemakers. UnitedHealthcare is aware that the frequency with which a patient is monitored may be changed from time-to-time for a number of reasons, such as a change in the patient’s overall condition, the development of better information on the pacemaker’s longevity or failure mode, a reprogramming of the patient’s pacemaker, etc. Consequently, changes in the proper set of guidelines may be required. (Of particular importance is the reprogramming of a dual-chamber pacemaker to a single-chamber mode of operation. Such reprogramming would shift the patient from the appropriate dual-chamber guideline to the appropriate single-chamber guideline.)

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.

Pacemaker Clinic Services

General

Pacemaker monitoring is also covered when done by pacemaker clinics. Clinic visits may be done in conjunction with transtelephonic monitoring or as a separate service; however, the services rendered by a pacemaker clinic are more extensive than those currently possible by telephone. They include, for example, physical examination of patients and reprogramming of pacemakers. Thus, the use of one of these types of monitoring does not preclude concurrent use of the other.

Frequency Guidelines

As with transtelephonic pacemaker monitoring, the frequency of clinic visits is the decision of the patient’s physician, taking into account, among other things, the medical condition of the patient. The following are recommendations for monitoring guidelines on lithium-battery pacemakers:

- For single-chamber pacemakers - twice in the first 6 months following implant, then once every 12 months.
• For dual-chamber pacemakers - twice in the first 6 months, then once every 6 months.

APPLICABLE CODES

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Coding Clarifications
• **CPT 93293 is the primary code for transtelephonic monitoring.** Pacemaker monitoring (procedure codes 93279, 93280, 93281, 93288, 93294 and 93724) is covered by pacemaker clinics and may be done in conjunction with transtelephonic monitoring, remote monitoring, or as a separate service. The services rendered by a pacemaker clinic are more extensive than those currently possible by telephone. They include, for example, physical examination of patients and reprogramming of pacemakers.
• **CPT code 93296** refers to pacemaker systems in addition to implantable cardiac defibrillator systems in its descriptor.

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<tr>
<th>CPT Code</th>
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<tr>
<td>93279</td>
<td>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</td>
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<td>93280</td>
<td>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</td>
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<td>93281</td>
<td>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</td>
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<td>93286</td>
<td>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</td>
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<td>93288</td>
<td>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</td>
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<tr>
<td>93293</td>
<td>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</td>
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<td>93294</td>
<td>Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional</td>
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<tr>
<td>93296</td>
<td>Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results</td>
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<tr>
<td>93724</td>
<td>Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)</td>
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<td>TC</td>
<td>Technical component</td>
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ICD-10 Diagnosis Codes
See related Local Coverage Determinations

REFERENCES

CMS National Coverage Determinations (NCDs)
NCD 20.8.1.1 Transtelephonic Monitoring of Cardiac Pacemakers

CMS Local Coverage Determinations (LCDs)

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<td>L34087 (Surveillance of Implantable or Wearable Cardioverter Defibrillators (ICDs): Office, Hospital, Web, or Non-Web Based) CGS</td>
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<td>L34833 (Cardiac Rhythm Device Evaluation) Novitas</td>
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<td>L30529 (Cardiac Rhythm Device Evaluation) Novitas Retired 09/30/2015</td>
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<td>L31904 (Surveillance of Implantable or Wearable Cardioverter Defibrillators (ICDs): Office, Hospital, Web, or Non-Web Based) CGS Retired 09/30/2015</td>
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CMS Articles

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<td>A53018 (Surveillance of Implantable or Wearable Cardioverter Defibrillators (ICDs): Office, Hospital, Web, or Non-Web Based – Medical Policy Article) NGS</td>
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<td>A51789 (Surveillance of Implantable or Wearable Cardioverter Defibrillators (ICDs): Office, Hospital, Web, or Non-Web Based – Medical Policy Article) NGS Retired 09/30/2015</td>
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CMS Benefit Policy Manual
Chapter 1; § 40 Supplies, Appliances, and Equipment
Chapter 15; § 120 Prosthetic Devices

CMS Claims Processing Manual
Chapter 3; § 10.4 Payment of Nonphysician Services for Inpatients
Chapter 12; § 30.4 Cardiovascular System (Codes 92950-93799)
Chapter 35; § 10.2B Transtelephonic and Electronic Monitoring Services

GUIDELINE HISTORY/REVISION INFORMATION

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