



P R O V I D E R B U L L E T I N

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**To: All Indiana Health Coverage Programs Physicians,
Acute Care Hospitals, Electrophysiology Labs,
Ambulatory Surgery Centers**

**Subject: Patient-Activated Event Recorder—Implantable Loop
Recorder**

Note: The information in this bulletin regarding prior authorization, payment methodology, and max fees may vary for providers rendering services to members enrolled in the risk-based managed care (RBMC) delivery system.

Overview

Indiana Health Coverage Programs (IHCP) now reimburses for the insertion and programming of the patient-activated event recorder—implantable loop recorder (ILR). This change is effective for claims with service dates of October 26, 2000, or after. Claims should be billed with the *ICD-9* diagnosis code that supports medical necessity, 780.2 – *Syncope and collapse*. This bulletin provides details about coverage and billing of the patient-activated event recorder—ILR, also referred to as the implantable loop recorder.

Coverage

IHCP covers the patient-activated event recorder—ILR for use after a syncopal event. The device may be implanted at any of three places of service including inpatient, outpatient, or physician's office. The device may not be implanted in the same member more often than every two years or 24 months. The recorder activator is furnished with the system and is not separately reimbursed.

Prior Authorization

Neither the implantation of the device nor the patient-activated event recorder—ILR require prior authorization (PA), but will be subject to retrospective review according to IHCP criteria. If a replacement recorder activator is needed, PA is required.

Reimbursement and Billing Instructions

The procedure code for the implantation of the patient-activated event recorder—ILR is **CPT code 33282**. The code for the removal of this device is **33284**. These procedure codes have a 90-day global postoperative care designation for which care related to the surgical procedure is not separately reimbursable unless such care is non-routine, such as treatment of complications.

If the procedure is performed when the patient is an inpatient for a related problem, submit a UB-92 using the ICD 9 CM code **780.2 – Syncope and collapse** as one of the diagnosis codes on the claim form. If the procedure is performed as an outpatient, submit a UB-92 using revenue code **360** and the CPT code **33282** for implantation. The device itself should be billed on a HCFA-1500 using code **E0616**, and **780.2 – Syncope and collapse** as the primary diagnosis code. Use CPT code **33284** with revenue code **360** to bill for removal of the device. Physician’s charges for the surgery should be billed on a HCFA-1500.

If the procedure is performed in a physician’s office, the physician should bill CPT code **33282** for implantation and **E0616** for the device. Both codes are billed on the HCFA-1500. Table 1.1 illustrates coding for each place of service:

Table 1.1 – Place of Service Codes

	Inpatient	Outpatient	Physician’s Office
Type of Claim	UB-92	UB-92 (and HCFA-1500 if billing for device)	HCFA-1500
ICD-9-CM Diagnosis Code	780.2 – Syncope and Collapse	780.2 – Syncope and Collapse	780.2 – Syncope and Collapse
Revenue and CPT Codes	Revenue code- 360 CPT code not necessary	Revenue code- 360 CPT code- 33282 for insertion CPT code- 33284 for removal	Revenue code not needed CPT code- 33282 for insertion CPT code- 33284 for removal
HCPCS Code	Not needed	On HCFA-1500 – E0616	E0616

Table 1.2 illustrates the codes for implantation and the device, and the maximum allowance for each code. Providers must bill their usual and

customary charges on the claim form. Insertion of the device carries a 90-day global surgery designation with no assistant surgeon required.

Table 1.2 – Loop Recorder System Implantation Codes

Code	Description	Current Pricing
33282	Implantation of patient-activated cardiac event recorder	RBRVS - \$169.02 ASC-5 - \$847.00
33284	Removal of an implantable, patient-activated cardiac event recorder	RBRVS - \$108.38 ASC-3 - \$517.00
93727	Electronic analysis of ILR system (includes retrieval of recorded and stored ECG data, physician review, and interpretation of retrieved ECG data and reprogramming)	RBRVS - \$20.14
E0616	Implantable cardiac event recorder memory, activator, and programmer. (The programmer is furnished by the manufacturer, to the physician, for use in the office for reading saved information in the recorder.)	Max Fee - \$3100
E1399	Recorder activator (replacement)	Manually Priced - \$90

Device Monitoring

The CPT code for analysis of information collected by the recorder is **93727** and should be billed only subsequent to the date of insertion. Initial analysis and monitoring is included in the fee for insertion; therefore, code 93727 may not be billed on the date of insertion. The programmer used to program the patient-activated event recorder—ILR, retrieve, display, and print stored data is furnished to the physician, but remains the property of the manufacturer.

Coverage Criteria

Coverage criteria include the following:

- A patient-activated event recorder—ILR is covered only if a definitive diagnosis has not been made after meeting *all* of the following conditions:
 - Complete history and physical examination
 - Electrocardiogram (ECG)
 - Two negative or non-diagnostic 30-day pre-symptom memory loop patient demand recordings (may be either single or multiple event recordings, with or without 24-hour attended monitoring)

- Negative or non-diagnostic tilt table testing
- Negative or non-diagnostic electrophysiological testing
- The patient must be capable of activating the hand-held telemetry unit.
- The patient-activated event recorder—ILR is not covered for the following:
 - Patients with presyncopal episodes
 - Patients failing to fulfill the indications for coverage in this policy
 - Patients for whom compliance or lifestyle make use of the external monitoring systems inappropriate
- Removal of a patient-activated event recorder—ILR on the same day as the insertion of a cardiac pacemaker is considered to be part of the pacemaker insertion procedure and is not reimbursed separately.
- Only one patient-activated event recorder—ILR is covered for a given patient in any two-year time period.
- ECG analyses obtained during device insertion for signal quality and amplification purposes are considered part of the implant procedure and are not reimbursed separately.

Additional Information

Please direct any questions about this bulletin and medical policy or prior authorization to the Health Care Excel Medical Policy Department at (317) 347-4500.