

# **CODING FOR WCD PATIENT FOLLOW-UP & MANAGEMENT**

**Jim Collins, CPC, CCC**

President of [CardiologyCoder.com](http://CardiologyCoder.com) and expert in cardiology and electrophysiology billing

---

---

## **CODING FOR WCD PATIENT FOLLOW-UP & MANAGEMENT**

By **Jim Collins, CPC, CCC**

---

### **Introduction**

Wearable Cardioverter Defibrillators are worn by patients identified to be at risk for sudden cardiac arrest, providing protection during their changing condition while permanent risk has not yet been established. WCDs have a class II recommendation for a range of patient types including both ischemic and non-ischemic causes of left ventricular dysfunction (ejection fraction  $\leq 35\%$ ). In addition to the detection and treatment of ventricular tachyarrhythmias, the WCD device also captures data that can be used to assess the patient's clinical progress over time.

These features provide the physician and the practice with a platform to manage patients during the early period following a cardiac event, including the ability for early intervention when evidence of a decline in the patients' status exists.

Medicare provides coverage for in-person WCD interrogations and, as of January 1, 2019, remote monitoring of physiologic data captured by external devices, which includes WCDs.

### **Patient Management with Wearable Cardioverter Defibrillators**

The WCD captures a spectrum of patient data as outlined below.

- The WCD continuously monitors the patient's ECG signal and heart rate, thereby capturing episodes of non-sustained and sustained ventricular tachyarrhythmias, some types of atrial fibrillation, severe bradycardias and changes to resting and nocturnal heart rates. The patient can also interact with the device to manually record short segments of ECG data, for example, in the presence of symptoms.
- The WCD also captures patient activity level (step count), body position & angle, and can direct the patient to perform a six minute walk test or answer health survey questions.
- An online patient data management system provides the prescribing clinician (MD, NP, PA) and their clinical staff (RNs & MAs) the ability to review the patient data downloaded from the WCD. Data contained within the online system can be accessed via regular logins, or by alerts that can be customized by the user. (e.g. text, phone, email).
- The patient data captured by the WCD can be used in a variety of ways to enhance patient management. For example, clinicians can view trends in data over time following a hospital discharge, or they may be alerted if a specific parameter of interest has changed and requires intervention.

### **Coding & Billing for Physiologic Monitoring with Wearable Cardioverter Defibrillators**

#### **Remote Services:**

Changes to CPT codes in 2019 include the introduction of three codes specific to remote physiologic monitoring: 99453, 99454 and 99457. Code 99457 is the appropriate code for billing for remote monitoring of physiologic data with the WCD.

- CPT code 99457 (\$52/month) is defined as, "Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month."
- Code 99453 (\$19 one-time fee) is used to report the initial set up of equipment and patient education. Since this is performed by representatives of the manufacturer of the wearable cardioverter defibrillator, it is not billable.
- Code 99454 (\$64) secures remuneration for the provision of equipment needed to facilitate remote monitoring. Since the wearable cardioverter defibrillator is reimbursed as durable medical equipment, it is not separately billable.

The new CPT codes list "weight, blood pressure, pulse oximetry, respiratory flow rate" as examples of physiologic data variables that qualify for remote monitoring. In the 2019 Physician Fee Schedule, Medicare indicated that clarification regarding which additional data variables qualify will be provided in the future. Medicare officials have subsequently clarified that ECG derived physiologic data, such as heart rate, also qualifies under code 99457.

#### **CPT 2019 Guidelines:**

- 20 minutes or more of clinical staff/physician/other qualified health care professional time must be provided in a calendar month to qualify for billing.
- A live, interactive communication with the patient/caregiver must take place during the month such as a phone call or follow-up appointment.

- Do not count any time on a day when the physician or other qualified health care professional reports an evaluation and management service (face-to-face patient visit).
- Remote physiologic monitoring may be reported during the same month as chronic care management and transitional care management. However, it is not appropriate to double bill for time. Any minute can only be credited toward the time requirement of one of the services: remote physiologic monitoring, transitional care, or chronic care management.

**Medicare Guidelines:**

- A face-to-face visit must have been rendered within the year preceding the initiation of remote physiologic monitoring which could include a hospitalization, discharge follow-up appointment, etc.
- The 2019 Physician Fee Schedule establishes that the service must be provided when the billing provider (ex. MD, NP, PA) is in the office suite, meeting the “direct supervision” requirement.
- There should be documentation in the medical record that supports the rendition of this service; including 20 minutes or more of monitoring/management activities.
- According to Medicare, “if the description of the procedure code includes 30 days of monitoring and a physician interpretation and report, then the date of service will be no earlier than the 30th day of monitoring and will be the date the physician completed the professional component of the service.”

**In Person Services:**

- Code 93292 should be used, instead of 99457, when reporting in-person review and interpretation of wearable cardioverter defibrillator data.
- CPT code 93292 is defined as “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”
  - An example of an interaction in which 93292 would be billable is a clinician printing out a report from the online system and reviewing the data with a patient during a follow-up visit.
  - Note: code 93292 must be performed by a physician or other qualified healthcare professional, whereas 99457 can be performed by clinical staff as well.
- Medicare bundles 99457 (remote \$52) into 93292 (in person \$41), and therefore codes 99457 and 93292 cannot be reimbursed during the same billing cycle.

Note: Payment rates were obtained from the 2019 Medicare Physician Fee Schedule.

**Case study:**

Below is an example of routine activities that could be eligible for reimbursement under codes 99457 and 93292 for a newly diagnosed heart failure patient with reduced ejection fraction who was prescribed the WCD for 3 months.



