New Codes for Long-Term Left Atrial Pressure Monitoring (0933T, 0934T)

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For the CPT 2025 code set, two new Category III codes were established to report transcatheter placement (0933T) and monitoring (0934T) using a long-term, wireless left atrial pressure (LAP) sensor system. Before 2025, there were no specific codes available to report these services. The establishment of these new codes fills the coding gap to enable the reporting of long-term monitoring of cardiac function in patients with persistent symptoms of heart failure. In addition, parenthetical notes were added to further clarify when it is appropriate to report these new codes. This article provides an overview of the intent and appropriate reporting of these new codes.

Category III Codes

0933T Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, including sensor calibration and deployment, right heart catheterization, transseptal puncture, imaging guidance, and radiological supervision and interpretation

(Do not report 0933T in conjunction with 33289, 36013, 36014, 36015, 75741, 75743, 75746, 76000, 93451, 93453, 93456, 93457, 93460, 93461, 93568, 93569, 93573, 93593, 93594, 93596, 93597, 93598)

(For implantation of a wireless pulmonary artery pressure sensor, use 33289)

0934T Remote monitoring of a wireless left atrial pressure sensor for up to 30 days, including data from daily uploads of left atrial pressure recordings, interpretation(s) and trend analysis, with adjustments to the diuretics plan, treatment paradigm thresholds, medications or lifestyle

modifications, when performed, and report(s) by a physician or other qualified health care professional

(Report 0934T only once per 30 days)

(Do not report 0934T, if monitoring period is less than 16 days)

(Do not report 0934T in conjunction with 93264)

(For remote monitoring of an implantable wireless pulmonary artery pressure sensor, use 93264)

Long-term LAP monitoring may be clinically useful in managing congestive heart failure symptoms in patients. Code 0933T describes the placement of a wireless sensor system via transcatheter access using right heart catheterization and includes transseptal puncture. The sensor deployment, imaging guidance, and radiological supervision and interpretation are bundled in the services described by code 0933T.

Report code 0934T for the remote service of measuring and monitoring LAPs over a 30-day period. The continuous monitoring and interpretation of LAP data from the implanted sensor provide physicians with the trends and changes in a patient's pressure readings, which in turn enable physicians to adjust the patient's treatments accordingly. Note that monitoring periods of less than 16 days should not be reported. New parenthetical notes following codes 0933T and 0934T specify how often the monitoring service should be reported, the services that are inherently included as part of the transcatheter sensor placement procedure, and how to report similar services. For example, if a wireless pulmonary artery (PA) pressure sensor system is implanted, report code 33289, Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed, instead of code 0933T. Similarly, if remote monitoring of a wireless PA pressure sensor system is performed, report code 93264, Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional, instead of code 0934T.

The following clinical examples and procedural descriptions reflect typical clinical scenarios for which these new codes would be appropriately reported.

Clinical Example (0933T)

A 67-year-old male, who had previous multiple hospitalizations for decompensated heart failure and persistent New York Heart Association functional classification III symptoms, was identified as a patient eligible to receive an implantable left atrial pressure monitoring device.

Description of Service (0933T)

Perform implant calibration before the implantation. While the implant remains in sterile conditions, implement an offset update, if needed. Prepare the patient per standard catheterization laboratory practice for right heart catheterization with wedge pressure measurements. Under visualization, obtain percutaneous venous access through the right femoral vein and perform transseptal puncture within the fossa ovalis. Replace the transseptal sheath with a 12-French vessel introducer sheath over an access guidewire. Verify the position across the fossa ovalis and flush the delivery system continuously through both flushing ports. Connect the delivery system to the sheath, insert it until it reaches the stopper, and then retract the system. Using echocardiography and fluoroscopy, insert the delivery system until the implant is revealed in the left atrium. Retract and anchor the distal disc in the left septum. Rotate and anchor the proximal disc into the right atrium. Verify the position using echocardiography and fluoroscopy. Remove the delivery system and obtain hemostasis per standard of care.

Clinical Example (0934T)

A 69-year-old male, who has heart failure, preserved left ventricular ejection fraction, and mild renal insufficiency with an implanted left atrial pressure (LAP) monitoring system, undergoes continued monitoring.

Description of Service (0934T)

The physician interprets data and analyzes trends and changes in daily and mean LAP readings, including trends and changes in LAP waveform, from daily uploaded data during the 30-day period. Evaluate symptomatic events and asymptomatic events with abnormal LAP, and make any necessary adjustments in the diuretics plan, treatment paradigm thresholds, and/or medications or lifestyle modifications, as needed.

