

Reimbursement update Remote monitoring

Reimbursement update for remote monitoring codes in CY2024

The Centers for Medicare & Medicaid Services (CMS) have announced changes to remote monitoring codes beginning January 1, 2024. The changes include deletion of HCPCS G2066, currently used to report technical services associated with remote monitoring of both subcutaneous cardiac rhythm monitors (i.e., **Reveal LINQ™** & **LINQ II™** insertable cardiac monitors) and implantable cardiovascular physiologic monitors (as used with **OptiVol™** & **TriageHF™**). In place of G2066, CMS has added technical service (-TC) and professional service (-26) modifiers to both CPT® codes 93297 and 93298 for this service.²

**Code G2066 for
remote monitoring
will be deleted
January 1, 2024**

**Modifiers (-TC)
and (-26) will be
applicable to
93297 and 93298**

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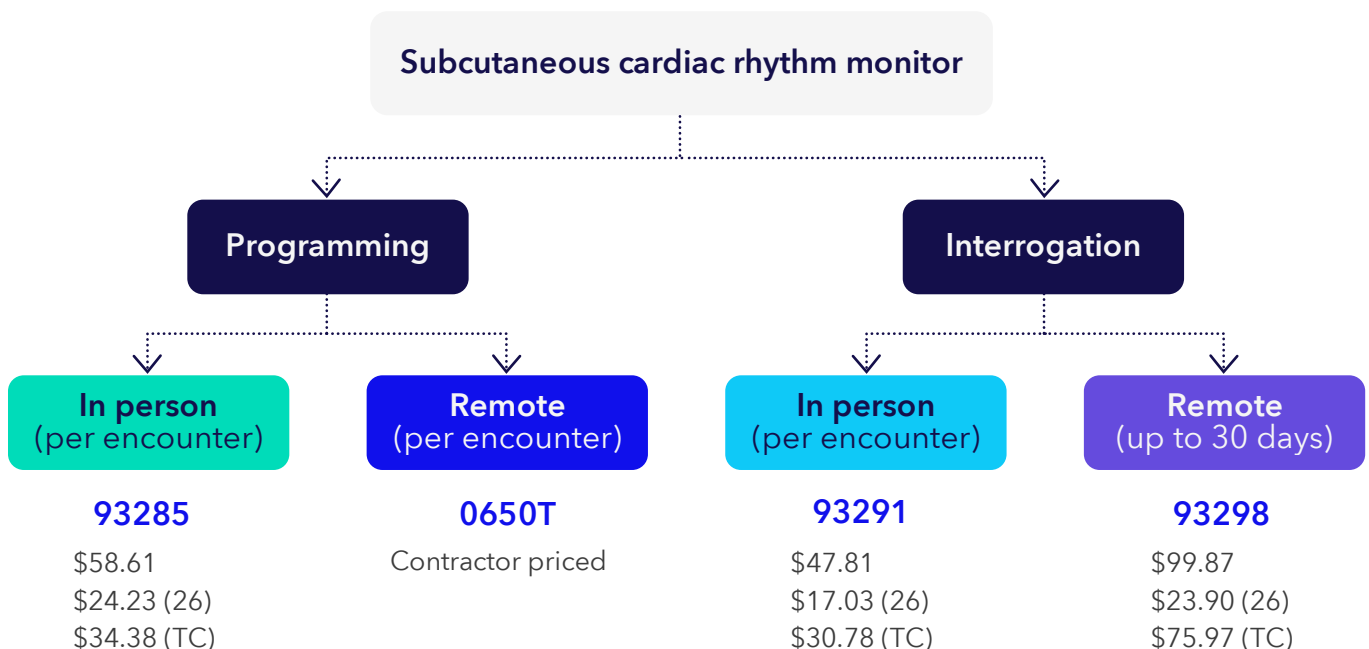
Summary of impact to subcutaneous cardiac rhythm monitors (SCRM)

Prior to January 1, 2024 professional and technical modifiers did not apply to CPT® 93298.

After January 1, 2024 the use of CPT® 93298 may require modifiers.

Services rendered	Prior to January 1, 2024 ²	After January 1, 2024 ³
SCRM remote interrogation - global	G2066 93298	93298
National unadjusted rate	Contractor priced \$26	\$100
SCRM remote interrogation - professional	93298	93298 - 26
National unadjusted rate	\$26	\$24
SCRM remote interrogation - technical	G2066	93298 - TC
National unadjusted rate	Contractor priced	\$76

CY2024 physician national payment amounts for SCRM monitoring



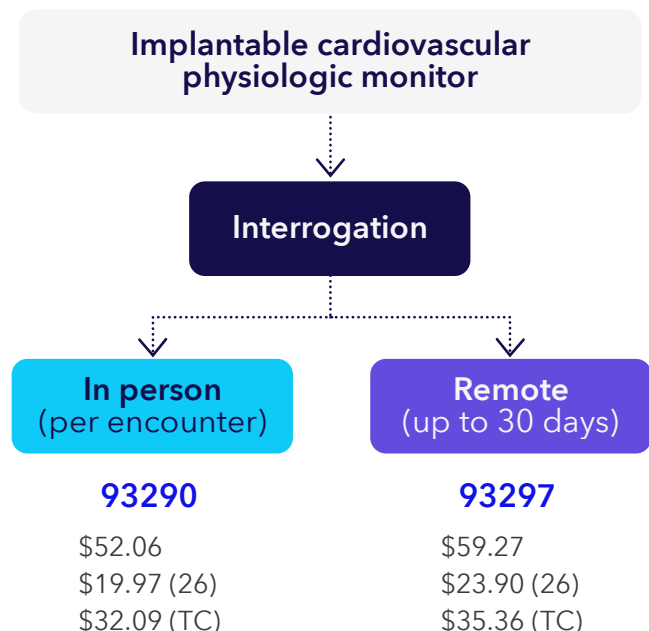
Summary of impact to implantable cardiovascular physiologic monitors (ICPM)

Services rendered	Prior to January 1, 2024 ²	After January 1, 2024 ³
ICPM remote interrogation - global	G2066 93297	93297
National unadjusted rate	Contractor priced \$25	\$59
ICPM remote interrogation - professional	93297	93297 - 26
National unadjusted rate	\$25	\$24
ICPM remote interrogation - technical	G2066	93297 - TC
National unadjusted rate	Contractor priced	\$35

CY2024 physician national payment amounts for implantable cardiovascular physiologic monitor

Implantable cardiovascular physiologic monitoring includes **TriageHF™** and **Optivol™**

26: Professional component
TC: Technical component



Frequently asked questions

1 Q: What devices does this impact?

A: It will directly impact services associated with the LINQ™ family of ICMs and any devices with OptiVol™ or TriageHF™ capabilities.

2 Q: How does this impact Medicare reimbursement rates?

A: The reimbursement rate for the previous code (G2066) was set separately by the 8 Medicare Administrative Contractors (MACs), known as contractor priced. Reimbursement rates for CPT® codes 93297 and 93298 are set by the Medicare Physician Fee Schedule. Exact reimbursement rates for the global, professional, and technical components will vary by provider.

3 Q: How does this change impact provider-based clinics reimbursed through the outpatient prospective payment system (OPPS) for 93297 and 93298?

A: Due to the deletion of G2066, CMS issued a correction notice on February 6, 2024 confirming that the status indicator of "M" will be changed to "Q1" for CPT® codes 93297 and 93298 making them separately payable under OPPS. This change will go into effect for services rendered on and after January 1, 2024.⁴

CPT® code	APC	OPPS reimbursement rate ⁵
93297	5741	\$36
93298	5741	\$36

4 Q: Are the RVUs for CPT® codes 93297 and 93298 changing?

A: Yes. With this change, RVUs have been assigned to the technical services previously reported using G2066. The RVUs for 2024 are as follows:

CPT® code	Work RVU	Practice expense
93297	0.52	1.26
-TC	0	1.07
-26	0.52	0.19
93298	0.52	2.49
-TC	0	2.30
-26	0.52	0.19

5 Q: When ICPM remote interrogation occurs the same time as ICD remote interrogation, how should the codes be reported?

A: After January 1, 2024, CPT® code 93297 should include modifier -26 to report ICPM remote interrogation. (Prior to January 1, 2024, modifier -26 did not apply to 93297 in this scenario.) CPT® codes 93295 and 93296 will continue to be reported for the ICD remote interrogation. This change only impacts when the two services are reported on the same date of service.

Contact

For additional information, contact the Medtronic Reimbursement Customer Support team by phone at 866-877-4102 or by email at: rs.healthcareconomics@medtronic.com.

References

- ¹ CPT codes and descriptions only are copyright ©2023 American Medical Association. All rights reserved. No fee schedules are included in CPT. The American Medical Association assumes no liability for data contained or not contained herein.
- ² The Medicare Physician Fee Schedule (MPFS) 2023 National payment rates based on information published in the MPFS final rule CMS-1770-F and updates from the legislation signed on December 29, 2022.
PFS Federal Regulation Notices. cms.gov <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notices/cms-1770-f> Accessed November 20, 2023.
- ³ The Medicare Physician Fee Schedule (MPFS) 2024 National payment rates based on information published in the MPFS final rule CMS-1784-F released November 2, 2023
PFS Federal Regulation Notices. cms.gov <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notices/cms-1784-f>. Accessed November 20, 2023.
Local physician rates will vary based on location specific factors not reflected in this document. CMS may make adjustments to any or all of the data inputs from time to time
- ⁴ CMS Correction Notice 45 CFR Part 180. https://public-inspection.federalregister.gov/2024-02631.pdf?utm_campaign=pi+subscription+mailing+list&utm_medium=email&utm_source=federalregister.gov
- ⁵ The OPFS 2024 National payment rates based on information published in the OPFS/ASC final rule CMS-1786-FC and corresponding Addendum B table which was released on November 2, 2023.
Hospital Outpatient Regulations and Notices. cms.gov. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1786-fc> Accessed November 21, 2023.
Hospital specific rates will vary based on various hospital-specific factors not reflected in this document and CMS may make adjustments to any or all of the data inputs from time to time.

Brief Statement for Medtronic LINQ II Insertable Cardiac Monitor System (ICM) and Remote Monitoring Indications

The LINQ II ICM is an insertable automatically-activated and patient-activated monitoring system that records subcutaneous ECG and is indicated in adult patients, and in pediatric patients who are at least 2 years old, in the following cases:

- patients with clinical syndromes or situations at increased risk of cardiac arrhythmias
- patients who experience transient symptoms such as dizziness, palpitation, syncope, and chest pain that may suggest a cardiac arrhythmia

Contraindications

There are no known contraindications for the insertion of the LINQ II ICM or its accessories. However, the patient's particular medical condition may dictate whether or not a subcutaneous, chronically inserted device can be tolerated.

Warnings and Precautions

Patients with the LINQ II ICM should avoid sources of diathermy, high sources of radiation, electrosurgical cautery, external defibrillation, lithotripsy, therapeutic ultrasound and radiofrequency ablation to avoid electrical reset of the device, and/or inappropriate sensing as described in the Medical procedure and EMI Warnings, Precautions and Guidance Manual. MRI scans should be performed only in a specified MR environment under specified conditions as described in the LINQ II MRI Technical Manual.

Wireless accessories available for use with LINQ II may experience connectivity or performance issues. See product manuals for details and troubleshooting instructions.

Potential Adverse Events

Potential adverse events from the LINQ II ICM include, but are not limited to, device rejection phenomena (including local tissue reaction), device migration, infection, and erosion through the skin.

There are no known adverse events associated with the use of any LINQ II ICM wireless accessory.

See the device manuals for detailed information regarding the implant procedure, indications / intended use, contraindications, warnings, precautions, and potential complications/adverse events. For further information, please call Medtronic at (800) 328-2518 (Technical Services), (800) 551-5544 (Patient Services), and/or consult Medtronic's website at www.medtronic.com.

Caution: Federal law (USA) restricts prescription devices to sale by or on the order of a physician.

Brief statement for TriageHF™

Intended Use

The TriageHF feature can be used with commercially available Medtronic CRT-D, CRT-P, and ICD devices that have the OptiVol™ Fluid Status Monitoring feature.

The indications for use of these devices do not change. The TriageHF feature gives physicians another source of information to use in managing their patients. It does not replace assessments that are part of standard clinical practice or override recommended guidelines for treatment of heart failure patients. Clinicians should not rely exclusively on the TriageHF information to assess a patient's heart failure risk. The TriageHF information is available to clinicians who monitor their device patients on the Medtronic CareLink™ network.

Contraindications

There are no known contraindications for the use of TriageHF information.

See the device manual for detailed information regarding the intended use, contraindications, warnings, precautions, and potential complications/adverse events.

For further information, call Medtronic Technical Services at 1-800-328-2518 and/or consult the Medtronic website at medtronic.com.

Caution: Federal law (USA) restricts these devices to sale by or on the order of a physician.

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