FREQUENTLY ASKED QUESTIONS
IMPLANT & MONITORING

Reveal LINQ™
Insertable Cardiac Monitor
INTRODUCTION

An implantable or insertable cardiac monitoring (ICM) device, also known as a cardiac event recorder or implantable/insertable loop recorder (ILR), is a subcutaneously placed device that continuously records the electrocardiographic rhythm triggered automatically by rapid and slow heart rates or by the patient during a symptomatic episode. Procedures or services related to these devices are coded using the procedure codes for ILRs. This guide is intended to answer frequently asked questions regarding coding and payment for services related to the Reveal LINQ™ Insertable Cardiac Monitor (ICM). This document is to be used as a guideline only.

TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>IMPLANT/EXPLANT</th>
<th>PAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure (Q1.I - Q7.I)</td>
<td>4 - 6</td>
</tr>
<tr>
<td>Modifiers (Q5.I)</td>
<td>5</td>
</tr>
<tr>
<td>Global Period (Q6.I)</td>
<td>5</td>
</tr>
<tr>
<td>Credentialing (Q7.I)</td>
<td>6</td>
</tr>
<tr>
<td>Place of Service (Q8.I - Q16.I)</td>
<td>6</td>
</tr>
<tr>
<td>Physician Office (Q12.I - Q13.I)</td>
<td>7</td>
</tr>
<tr>
<td>Ambulatory Surgical Center (ASC) (Q14.I - Q16.I)</td>
<td>7 - 8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MONITORING</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Service (Q1.M - Q10.M)</td>
<td>10 - 11</td>
</tr>
<tr>
<td>Supervision (Q11.M - Q13.M)</td>
<td>12</td>
</tr>
<tr>
<td>References</td>
<td>14</td>
</tr>
</tbody>
</table>

These coding suggestions do not replace seeking coding advice from the payer and/or your own coding staff. The ultimate responsibility for correct coding lies with the provider of services. Please contact your local payer for interpretation of the appropriate codes to use for specific procedures. Medtronic makes no guarantee that the use of this information will prevent differences of opinion or disputes with Medicare or other third party payers as to the correct form of billing or the amount that will be paid to providers of service.

For comprehensive coding references and recorded WebEx sessions, please visit the following websites:

Medtronic Reimbursement website:  www.Medtronic.com/crdmreimbursement
Medtronic Academy:  www.medtronicacademy.com

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FREQUENTLY ASKED QUESTIONS
IMPLANT
**PROCEDURE**

**Q1.I:** What are the correct CPT® codes to use for the implant and removal of the Reveal LINQ™ ICM?

**A1.I:** The table below lists the CPT® codes for implantation and removal of the Reveal LINQ™ ICM.

<table>
<thead>
<tr>
<th>CPT® CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>33282</td>
<td>Implantation of patient-activated cardiac event recorder</td>
</tr>
<tr>
<td>33284</td>
<td>Removal of an implantable, patient-activated cardiac event recorder</td>
</tr>
</tbody>
</table>

**Q2.I:** What CPT® code should be reported when the Reveal LINQ™ ICM device requires repositioning?

**A2.I:** There isn’t a specific CPT® code that describes repositioning a Reveal LINQ™ ICM device. The provider should consider billing CPT® 33999 (Unlisted procedure, cardiac surgery).

**Q3.I:** How is the Reveal LINQ™ ICM payment for outpatient hospital and physician services affected when more than one procedure is performed during the same episode of care?

**A3.I:**

**Hospital Outpatient:** The Medicare payment system currently reimburses device-intensive procedures performed in the hospital outpatient setting using Comprehensive Ambulatory Payment Classifications (C-APCs). Under C-APCs if two procedures, designated by Medicare (CMS) as included in C-APCs, are performed concurrently, the procedure with the highest weighted C-APC will be paid to the hospital. C-APCs package all supplies and services during that episode into one single payment. Example: If an AF ablation and Reveal LINQ™ ICM implant are both performed: only one C-APC will be paid to the hospital. In this case, the AF ablation procedure will be paid, as it is the higher weighted procedure. The cost of the Reveal LINQ™ ICM device is included in this single payment.

**Physician:** Medicare Physician payment is determined using the multiple procedure rule. For concurrent procedures, the Physician will be paid the full Physician Fee Schedule amount for the highest weighted procedure, and 50% of the Physician Fee schedule amount for additional procedures. For an AF ablation and a Reveal LINQ™ ICM implant, the AF ablation will receive 100% payment and the Reveal LINQ™ ICM implant will be paid at 50%.

**Q4.I:** If an AF Ablation procedure and a Reveal LINQ™ ICM implant are not performed on the same date of service but several days apart, how will the physician be paid?

**A4.I:** Physician payment for the Reveal LINQ™ ICM depends on the timing of the service. Payment in two situations is described below:

- **AF ablation procedure performed first:** The AF ablation procedure does not have a global surgical period. The Reveal LINQ™ ICM implant may be performed and billed with full reimbursement in the days following the ablation. However, the sequence of the procedures should be based on the best treatment for the patient and consistent with the standard of practice for the geography. This is a physician decision. The procedures should not be performed separately based on reimbursement rules.
PROCEDURE continued

- **Reveal LINQ™ ICM procedure performed first**: The Reveal LINQ™ ICM implant has a 90 day global surgical period. If an AF ablation procedure is performed within the 90 days following the implant, a modifier will need to be added to the second procedure. A list of commonly used modifiers is provided in the section titled “Modifiers”. The procedures should not be performed separately based on reimbursement rules. The physician must schedule the procedures based on what is best for the patient.1,3

**Modifiers**

**Q5.I:** The Reveal LINQ™ ICM implant (CPT® code 33282) has a 90 day global surgical period. What modifiers might be used when the physician who implanted the Reveal LINQ™ ICM performs an additional procedure during the 90 day global surgical period?

**A5.I:** The following table lists modifiers which may be used to describe additional procedures. An example of appropriate use is provided for each modifier.1

<table>
<thead>
<tr>
<th>MODIFIER</th>
<th>DESCRIPTION</th>
</tr>
</thead>
</table>
| 58       | Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period.  

*Example: An arrhythmia is identified by the Reveal LINQ™ ICM. The physician determines the patient requires a pacemaker and removes the Reveal LINQ™ ICM and inserts a pacemaker. The Reveal LINQ™ ICM removal and Pacemaker insertion would be a staged or related procedure based on the diagnostic findings of the Reveal LINQ™ ICM. It is recommended that at the time of Reveal LINQ™ ICM implant, the physician documents that a subsequent procedure will possibly follow, depending on diagnostic findings.* |
| 78       | Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period.  

*Example: A patient has a Reveal LINQ™ ICM inserted and 6 weeks later the device is dislodged. The physician decides to implant another device within the global period of the initial insertion. The second insertion would be considered an unplanned return to the operating/procedure room.* |
| 79       | Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period.  

*Example: A patient has a Reveal LINQ™ ICM inserted and 6 weeks later breaks her ankle and requires surgery. The ankle surgery would be considered an unrelated procedure.* |
PROCEDURE continued

Global Period

**Q6.I:** Reveal LINQ™ ICM has a 90 day global surgical period. Will the physician practice be allowed to bill for monitoring during this global surgical period?

**A6.I:** Yes. Medicare classifies device monitoring services as diagnostic tests, and diagnostic tests are not included in the global surgical period.4

**Credentialing**

**Q7.I:** What rules govern the implant of Reveal LINQ™ ICM by Non-Physician Practitioners (NPPs) such as Nurse Practitioners (NPs), and Physician Assistants (PAs)?

**A7.I:** The implant must be within the scope of practice of the license for the state in which the NPP practices.4
- Payer rules must be followed. Medicare does not allow NPPs to perform major surgical procedures. Major surgical procedures are defined as such in the Medicare Physician Fee Schedule (MPFS) and include CRHF implants that have a “33XXX” CPT®, code format and a 90 day global surgical package, such as Reveal LINQ™ ICM. Private payers may allow implants by NPPs, and the NPP needs to research each payer to obtain supervision rules and the approval process.
- The NPP must meet the credentialing and supervision requirements at the hospital where the implant will occur.

PLACE OF SERVICE

**Q8.I:** What provider sites can receive payment for the Reveal LINQ™ ICM / Reveal implant?

**A8.I:** The Reveal LINQ™ ICM may receive payment in the following settings:3
- Hospital Inpatient
- Hospital Outpatient
- Ambulatory Surgical Center (ASC)

**Q9.I:** On the physician and Ambulatory Surgical Center (ASC) claim form what Place of Service (POS) codes are used to identify the implant site?

**A9.I:** Applicable POS service codes are listed in the table below.4

<table>
<thead>
<tr>
<th>SETTING</th>
<th>POS CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Off Campus - Outpatient Hospital</td>
<td>19</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>21</td>
</tr>
<tr>
<td>On Campus - Outpatient Hospital</td>
<td>22</td>
</tr>
<tr>
<td>Ambulatory Surgery Center</td>
<td>24</td>
</tr>
</tbody>
</table>
PLACE OF SERVICE continued

Q10.I: The Reveal LINQ™ ICM is easy to implant. In the hospital, can it be performed in an alternative setting to the Operating Room or EP Lab?

A10.I: The Reveal LINQ™ ICM implant place of service location is an individual decision that each hospital must make, taking into account patient safety and financial considerations for tracking revenue and expense. Hospitals have definitive rules and processes to determine these aspects of a procedure, such as approval by the hospital’s medical administration and finance department, meeting state licensing rules, and being compliant with any accreditation that the hospital receives.3

Physician Office

Q11.I: It appears that there are some physician offices where Reveal LINQ™ ICM is being implanted. How is that possible?

A11.I: If Medicare has designated the physician office as “provider-based”, that means the office operates as an outpatient department of the hospital and bills the professional component of the procedure on the Professional claim with POS 22 (on campus outpatient hospital) or POS 19 (off campus outpatient hospital). The Reveal LINQ™ ICM may be billed under that outpatient designation, provided the hospital has approved the procedure for that particular setting based on safety, financial considerations, state licensing requirements, and accreditation rules.5

Q12.I: Why is there no payment available for a Reveal LINQ™ ICM implant in a physician office setting?

A12.I: The implant procedure code for Reveal LINQ™ ICM is considered to be a surgical service that requires a facility setting (e.g. hospital, ASC).

The current technical (facility) payment for CPT® 33282 is designed to reimburse the hospital or ASC for the cost of the device insertion procedure, including the device, supplies, staff, space, overhead, etc.

There are some services where the Medicare fee schedule includes a different technical payment rate for a Reveal LINQ™ ICM implant for the hospital or ASC (facility) and the physician office (non-facility). At the present time CPT® code 33282 for a Reveal LINQ™ ICM implant does not have the designation to allow non-facility payment.5

Ambulatory Surgical Center (ASC)

Q13.I: Do payers allow Reveal LINQ™ ICM/Reveal to be implanted in an Ambulatory Surgical Center (ASC)?

A13.I: Yes, Medicare maintains a detailed list of applicable ASC services which is reviewed on an annual basis. Only surgical procedures are included. CPT® code 33282 for implant and CPT® code 33284 for explant are currently included on the ASC list. Most commercial payers also allow Reveal LINQ™ ICM implantation in an ASC.6

Q14.I: What makes a facility an ASC?

A14.I: The term “Ambulatory Surgical Center”, or “ASC”, refers to a distinct entity which operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization, and has an agreement with CMS to participate in Medicare as an ASC.6
Q15.I: How does Medicare physician payment vary when the Reveal LINQ™ ICM implant is performed at a hospital or ASC?

A15.I: CPT® 33282 is currently valued so that it pays the physician the same amount regardless of whether they perform the procedure in a hospital or ASC setting (facility).³

Q16.I: How do ASC payments for Reveal LINQ™ ICM implants compare to hospital outpatient payments?

A16.I: Medicare ASC payments follow rules similar to those for hospital outpatient payment and include a geography adjustment. ASC payments are generally less than the Medicare outpatient rates. Rate files are available from the Medicare contractor where the ASC is located.⁶
FREQUENTLY ASKED QUESTIONS
MONITORING
Q1.M: What CPT® codes are used to describe monitoring for the Reveal LINQ™ ICM device?

Q1.A: The codes used to report monitoring of the Reveal LINQ™ ICM device are those CPT® codes that describe monitoring for the implantable loop recorder (ILR) listed in the table below.\(^1\)

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>93285</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; implantable loop recorder system</td>
</tr>
<tr>
<td>93291</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; implantable loop recorder system, including heart rhythm derived data analysis</td>
</tr>
<tr>
<td>93298</td>
<td>Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional</td>
</tr>
<tr>
<td>93299</td>
<td>Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results</td>
</tr>
</tbody>
</table>

Q2.M: What is the Medicare frequency for Reveal LINQ™ ICM monitoring?

A2.M: We are not aware of any specific coverage policies which govern the frequency of ILR device monitoring. The frequency of all monitoring services must be supported by documented medical necessity.\(^7\)

Q3.M: What is the minimum number of days that the Reveal LINQ™ ICM patient needs to be in the remote monitoring program in order for the service to be billable?

A3.M: The patient must be in the remote monitoring program for at least 10 days or the CPT® codes 93298-93299 are not billable.\(^1\)

Q4.M: Reveal LINQ™ ICM has a Summary Report for a 30 day remote episode. May the Summary Report be used as a billing document?

A4.M: The Summary Report is a tool for the physician to assess trending and episodes, and is not meant to be a billing document. It may be used as documentation to show that the patient was in an episode for 30 days, and to verify that this patient met the requirement that the monitoring period was at least ten of the 30 days. The 30 day service may not be billed more frequently than every 31 days. Medicare Administrative Contractors (MACs) may have specific rules about dates of service and billing dates for these remote monitoring services and the provider should contact the MAC for instructions.\(^1\)
**Q5.M:** If the automatic transmission is received and the Physician or Non-Physician Practitioner (NPP) such as a NP or PA, does not review this information for a few days, what date of service (DOS) should be submitted on the claim?

**A5.M:** There is no current guidance from Medicare (CMS) regarding what date of service should be used when billing remote services. However, some local Medicare contractors have provided guidance. The local MAC should be contacted for their specific contractor policy. The practice is encouraged to develop a consistent method of billing to ensure that each episode of care has a period of 30 days before it is billed.¹

**Q6.M:** For Medicare patients, what is the coinsurance responsibility for Reveal LINQ™ ICM monitoring?

**A6.M:** The Medicare beneficiary is responsible for a 20% coinsurance payment for hospital outpatient (this includes services performed in the Emergency Department), and physician office device monitoring, for both the technical and professional services.⁸

**Q7.M:** Is there a way to bill additionally for a CareLink Alert during a remote monitoring period?

**A7.M:** When remote monitoring services are performed, there will be only one payment for the 30 day episode regardless of the number of times that the data is transmitted and reviewed.¹

**Q8.M:** The Reveal LINQ™ ICM has a 90 day global surgical period. Will the practice be allowed to bill for monitoring during this global surgical period?

**A8.M:** Yes. Medicare classifies device monitoring services as diagnostic tests, and diagnostic tests are not included in the global surgical period.⁴

**Q9.M:** If the patient receives an in person interrogation of their Reveal LINQ™ ICM device (CPT® code 93291) and this service is during a 30 day remote monitoring period for the Reveal LINQ™ ICM, how does that affect billing?

**A9.M:** When an in person and remote interrogation of the same device during the same 30 day monitoring period is performed, the in person interrogation should not be billed. Only the remote service is billable (CPT® codes 93298 and 93299).¹

**Q10.M:** If the patient receives an in person programming evaluation of their Reveal LINQ™ ICM (CPT® code 93285) and this service is during a 30 day remote monitoring period for the Reveal LINQ™ ICM, how does that affect billing?

**A10.M:** When an in person programming evaluation is performed during the remote 30 day episode, the programming evaluation does not impact the 30 day monitoring period, and may be separately billed.¹
SUPERVISION

Q11.M: What type of supervision does Medicare require when performing monitoring services for Reveal LINQ™ ICM?

A11.M: The Medicare Physician Fee Schedule defines the type of supervision required for a diagnostic test, which is listed in the table below.¹

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>In person programming or interrogation</td>
<td><strong>Direct supervision</strong> by a physician (the physician must be in the suite/office when the test is being performed)</td>
</tr>
<tr>
<td>Remote monitoring</td>
<td><strong>General supervision</strong>, which means there must be physician oversight of the monitoring program</td>
</tr>
</tbody>
</table>

Q12.M: May a Non-Physician Practitioner (NPP) such as a Nurse Practitioner (NP) serve as a supervisor for in person Reveal LINQ™ ICM monitoring?

A12.M: No. Medicare diagnostic testing rules state that the supervisor must be a Physician. If a NPP performs the service, the NPP may bill the service with his/her own billing number, provided State licensure allows it. The NPP may NOT supervise a technician, nurse, or other office staff for in person monitoring services.³

Q13.M: Should the submitted claim include the billing number of the physician who was the supervisor in the office when the monitoring service was performed?

A13.M: No, under Medicare diagnostic testing rules, the physician who reads the report may bill for the service. The practice should keep a schedule to document the physician supervisor for the date of service when the in person monitoring was performed. This is different than the incident-to rules that govern how to report evaluation and management services.⁸

PROFESSIONAL & TECHNICAL COMPONENTS

Q14.M: What is the definition of the technical and professional component for device monitoring?

A14.M: See the definitions for each component in the table below.¹

<table>
<thead>
<tr>
<th>SERVICE COMPONENT</th>
<th>DESCRIPTION</th>
</tr>
</thead>
</table>
| Technical Component (TC)       | • All non-physician work, and includes administrative, personnel and capital (equipment and facility) costs, and related malpractice expenses.  
• For remote services, the Technical Component includes remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results |
| Professional Component (PC)    | • Physician's work interpreting a diagnostic test or performing a procedure and includes indirect practice and malpractice expenses related to that work |
Q15.M: If the industry representative provides the technical component of an in person service, how does the Practice bill for the service?

A15.M: It is recommended that the Practice bill only the professional component by using modifier -26 on the professional claim form.9

Q16.M: How does a hospital clinic or a provider-based office bill for device monitoring?

A16.M: The table below outlines how a hospital (Inpatient, Outpatient, Emergency Department, or clinic), or a provider-based clinic may bill for monitoring1

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>MODIFIER</th>
<th>DESCRIPTION</th>
</tr>
</thead>
</table>
| In person programming or interrogation | -26 | • The physician or non-physician practitioner (NPP) bills the professional component of the service  
• The professional claim (billing the professional component) includes the appropriate place of service (POS) code on the claim |
| NA | • The hospital bills the technical component (TC) of the service |
| Remote Monitoring | NA | • The hospital or provider-based practice bills the CPT® code for the professional component on a professional claim with the appropriate POS |
| NA | • The hospital bills the CPT® code for the technical component (TC) of the outpatient service |

Q17.M: Who bills the professional component if the technical component is provided by a commercial company such as an Independent Diagnostic Testing Facility (IDTF)?

A17.M: If the technical component of the claim is provided by an IDTF, the physician or Non-Physician Practitioner (NPP) bills the professional component of the service only, with place of service Office (POS 11).20

Q18.M: The remote technical component (TC) for the Reveal LINQ™ ICM (CPT® code 93299) is contractor priced. How does that affect payment?

A18.M: Contractor priced means that the reimbursement for the service is determined by the local Medicare Administrative Contractor (MAC) for office based services. These rates vary greatly throughout the country depending on the MAC. For Medicare hospital outpatient (OP) services, there is an identified payment for CPT® code 93299.5

Q19.M: Why are there no RVUs (Relative Value Units) for the technical component CPT® 93299?

A19.M: Medicare (CMS) does not assign RVUs for services that are contractor priced.5
REFERENCES

1 AMA 2016 CPT Professional Codebook

2 OPPS CY 2016 Federal Register dated November 13, 2015 is available at:

3 The National Physician Fee Schedule Relative Value file is at:
   https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html

4 Publication 100-04 Medicare Claims Processing Manual, Chapter 12 Physician/NonPhysician Practitioners is available at:

5 Publication 100-04 Claims Processing Manual Chapter 26 Section 10.5 can be reviewed at:

6 The National ASC surgical file is available at:
   https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCpayment/index.html

7 Publication 100-01 Medicare General Information, Eligibility and Entitlement Manual, Chapter 1 can be found at:

8 Publication 100-02 Medicare Benefit Policy Manual, Chapter 15, Section 80-Covered Medical and Other Health Services


10 Publication 100-04 Medicare Claims Processing Manual, Chapter 13, Section 20.1-Professional Component (PC) is

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responsibility for correct coding lies with the provider of services. Please contact your local payer for interpretation of
the appropriate codes to use for specific procedures. Medtronic makes no guarantee that the use of this information will
prevent differences of opinion or disputes with Medicare or other third party payers as to the correct form of billing or the
amount that will be paid to providers of service.

CRHF Economics and Health Policy
Reimbursement website: www.Medtronic.com/CRDMreimbursement
Email: rs.healthcareeconomics@Medtronic.com
Coding Hotline: 1-866-877-4102
Indications: Reveal LINQ™ LNQ11 Insertable Cardiac Monitor and Patient Assistant
The Reveal LINQ™ Insertable Cardiac Monitor is an implantable patient-activated and automatically-activated monitoring system that records subcutaneous ECG and is indicated 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

This device has not specifically been tested for pediatric use.

Patient Assistant: The Patient Assistant is intended for unsupervised patient use away from a hospital or clinic. The Patient Assistant activates the data management feature in the Reveal LINQ™ Insertable Cardiac Monitor to initiate recording of cardiac event data in the implanted device memory.

Contraindications: There are no known contraindications for the implant of the Reveal LINQ™ Insertable Cardiac Monitor. However, the patient's particular medical condition may dictate whether or not a subcutaneous, chronically implanted device can be tolerated.

Warnings/Precautions: Reveal LINQ™ LNQ11 Insertable Cardiac Monitor
Patients with the Reveal LINQ™ Insertable Cardiac Monitor should avoid sources of diathermy, high sources of radiation, electrosurgical cautery, external de brillation, 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 precautions manual. MRI scans should be performed only in a specified MR environment under specified conditions as described in the Reveal LINQ™ MRI Technical Manual.

Patient Assistant: Operation of the Patient Assistant near sources of electromagnetic interference, such as cellular phones, computer monitors, etc., may adversely affect the performance of this device.

Potential Complications: Potential complications include, but are not limited to, device rejection phenomena (including local tissue reaction), device migration, infection, and erosion through the skin. See the device manual for detailed information regarding the implant procedure, indications, contraindications, warnings, precautions, and potential complications/adverse events.
For further information, please call Medtronic at 1 (800) 328-2518 or consult Medtronic's website at www.medtronic.com.

Caution: Federal law (USA) restricts these devices to sale by or on the order of a physician.
Brief Statement: Medtronic MyCareLink™ Patient Monitor, Medtronic CareLink™ Network and CareLink™ Mobile Application.

Intended Use: The Medtronic MyCareLink Patient Monitor and CareLink Network are indicated for use in the transfer of patient data from some Medtronic implantable cardiac devices based on physician instructions and as described in the product manual. The CareLink Mobile Application is intended to provide current CareLink Network customers access to CareLink Network data via a mobile device for their convenience. The CareLink Mobile Application is not replacing the full workstation, but can be used to review patient data when a physician does not have access to a workstation. These products are not a substitute for appropriate medical attention in the event of an emergency and should only be used as directed by a physician. CareLink Network availability and mobile device accessibility may be unavailable at times due to maintenance or updates, or due to coverage being unavailable in your area. Mobile device access to the internet is required and subject to coverage availability. Standard text message rates apply.

Contraindications: There are no known contraindications.

Warnings and Precautions: The MyCareLink Patient Monitor must only be used for interrogating compatible Medtronic implantable devices.

See the device manual for detailed information regarding the instructions for use, indications, contraindications, warnings, precautions, and potential complications/adverse events. For further information, please call Medtronic at 1 (800) 929-4043 and/or consult Medtronic’s website at www.medtronic.com.

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