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. These stored data elements can be retrieved and reviewed by the patient’s health care provider. This guide is intended to answer frequently asked questions regarding coding and payment for services related to the Reveal LINQ™ device monitoring services. This document is to be used as a guideline only.

TABLE OF CONTENTS

MONITORING
Service (Q1.M - Q10.M) 3 - 4
Supervision (Q11.M - Q13.M) 5
References 7

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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SERVICE

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.²

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 Nurse Practitioner (NP) or Physician Assistant (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. For inpatient hospital monitoring, the beneficiary is responsible for the coinsurance on the professional component only.³

**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.³

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>In person programming or interrogation</td>
<td>Direct supervision 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>General supervision, 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.⁴

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.³

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.³

<table>
<thead>
<tr>
<th>SERVICE COMPONENT</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>Technical Component (TC)</td>
<td></td>
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</table>
|                   | • 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 |
### Professional & Technical Components

**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.6

**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 |

|                                        | 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).7

**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 Publication 100-01 Medicare General Information, Eligibility and Entitlement Manual, Chapter 1 can be found at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ge101c01.pdf

3 Publication 100-02 Medicare Benefit Policy Manual, Chapter 15, Section 80-Covered Medical and Other Health Services is available at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf


5 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


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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 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 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.
The Medtronic MyCareLink Patient Monitor and the Medtronic CareLink Network are indicated for use in the transfer of patient data from Medtronic implantable cardiac devices. These products are not a substitute for appropriate medical attention in the event of an emergency. Data availability and alert notifications are subject to internet connectivity and access, and service availability. The MyCareLink Patient Monitor must be on and in range of the device. Alert notifications are not intended to be used as the sole basis for making decisions about patient medical care.

**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](http://www.medtronic.com).

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