Diagnosis coding should reflect the highest level of known specificity. The appropriate code(s) must be used to identify diagnoses, symptoms, conditions, problems, complaints, or other reason(s) for the clinical encounter. If an arrhythmia is suspected, but not yet confirmed, the diagnosis code(s) should reflect the symptoms, signs, or risk factors which have led the physician to suspect an arrhythmia. If the patient has several symptoms, signs, and/or risk factors, multiple diagnosis codes may be used to document the patient’s clinical condition.

Examples of potential diagnosis codes that might be applicable to describe the presence of a suspected arrhythmia may include:

- 780.2, syncope
- 780.4, dizziness (also used for lightheadedness)
- 785.0, unspecified tachycardia (used for rapid heartbeat)
- 785.1, palpitations
- 786.5x, chest pain
- 786.6x, old myocardial infarction
- V31.65, history of (corrected) congenital malformations of heart
- V15.1, personal history of surgery to the heart
- V17.49, family history of other cardiovascular diseases

This information is intended only for educational use and does not replace seeking coding advice from the payer and/or your coding staff. The ultimate responsibility for correct coding lies with the provider of services. Please contact your local payer for their 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.

References:

Medtronic USA, Inc.
55432-4900
Minneapolis, Mn
(763) 993-5044
Tel: (763) 328-2518
Fax: (763) 328-2519

http://medtronic.com

Suspected Arrhythmias and Coding Overview for Diagnosing Suspected Arrhythmias

Brief Statement

For the Reveal XT and Reveal Patient Assistants: The Reveal XT and Reveal Patient Assistants are intended for unsupervised patient use away from a hospital or clinic. The Reveal Patient Assistant activates one or more of the data management functions in the Reveal Insensitive Cardiac Monitor. To verify whether the implanted device has detected a suspected arrhythmia or device-related event, Model 9539 only. To retrieve recorded cardiac event data in the implanted device memory.

Contraindications: There are no known contraindications for the implant of the Reveal XT or Reveal DX Insensitive Cardiac Monitor. However, the patient’s particular medical condition may dictate whether or not a transvenous, chronically implanted device can be tolerated. See the device manual for detailed information regarding the implant procedure, indications, contraindications, warnings, precautions, and potential complications/adverse events.

Warnings/Precautions: 9529 Reveal XT and 9538 Reveal Patient Assistants: Operation of the Model 9539 or 9538 Patient Assistant near sources of electromagnetic interference, such as cellular phones, consumer monitors, may adversely affect the performance of this device. Potential Complications: Potential complications may include, but are not limited to, device rejection phenomenon. For local fat necrosis, device migration, infection, and erosion through the skin.

www.medtronic.com

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 and/or consult Medtronic’s website of www.medtronic.com.

Medtronic CareLink® Monitor/CareLink® Network

Indications: The CareLink Monitor and the CareLink Network are indicated for use in the remote transfer of patient data from some Medtronic implantable cardiac devices based on physician instructions and as described in the product manual. 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. Contraindications: There are no contraindications for the CareLink Monitor. Warnings and Precautions: The CareLink Monitor must only be used for interrogating compatible Medtronic implantable devices. The CareLink Monitor is intended for use within the prescribed category. See the device manual for detailed information regarding the indications for use, precautions, contraindications, warnings, precautions, and potential complications/adverse events. For further information, please call Medtronic at 1 (800) 328-2518 and/or consult Medtronic’s website of www.medtronic.com.

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

UC201105542a En © Medtronic, Inc. 2013. Minneapolis, Mn. All Rights Reserved. Printed in USA. 01/2013
***Reveal® XT ICMs***

**INDICATIONS**

The Reveal XT Insertable Cardiac Monitor (ICM) is an implantable patient-activated and automatically activated monitoring system that records subcutaneous ECG and has been cleared by the FDA for use in two groups of patients:

- 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

Newer insertable cardiac monitors can be implanted under the skin for long-term recordings, which may be particularly useful for patients with infrequent symptoms.2,3

AHA/ACC Scientific Statement on the Evaluation of Syncope1

"This approach (ILRs) is more likely to identify the mechanism of syncope than is a conventional approach that uses Holter or event monitors and EP testing, and is cost-effective."

**GUIDELINES**

ESC Guidelines: Diagnosis and Management of Syncope (2009)1

Class I

Insertable Loop Recorder (ILR) (insertable cardiac monitor) is indicated in:

- An early phase of evaluation in patients with recurrent syncope of uncertain origin, absence of high risk criteria, and a high likelihood of recurrence within battery longevity of the device
- High risk patients in whom a comprehensive evaluation did not demonstrate a cause of syncope or lead to a specific treatment

ACC/AHA Guidelines: Indications for Ambulatory Electrocardiography2

Class I

Conditions for which there is evidence and/or general agreement that a given procedure or treatment is useful and effective.

- Patients with unexplained syncope, near syncope, or episodic dizziness in whom the cause is not obvious
- Patients with unexplained recurring palpitations

**CLINICAL EVIDENCE**

Place of Reveal in the Care Pathway and Treatment of Patients with Unexplained Recurrent Syncope (PICTURE) Study4

In 570 patients implanted with a Reveal ICM and followed for a year:

- Overall, patients had seen an average of three different specialists for management of their syncope
- The median number of tests performed per patient in the total study population was 13 (inter-quartile range 9 – 20)
- Most patients (70%) had been hospitalized at least once for syncope
  - one third (36%) of these patients had experienced significant trauma in association with a syncopal episode

Randomized Assessment of Syncope Trial (RAST)5

- 60 unexplained syncope patients randomized to conventional testing or a Reveal ILR
- The diagnostic yield was 43% for ILR vs. 20% for conventional, and the cost/diagnosis of ILR was 26% less than conventional testing

Recurrent Unexplained Palpitations (RUP) Study6

- 50 patients with infrequent sustained palpitations were randomized either to a conventional external monitoring strategy or to a Reveal ILR
- Diagnosis was obtained in 21% of the conventional group and 73% of the ILR group, with significantly lower cost per diagnosis in the ILR group ($4,584 vs. $10,152)7

**REVEAL-RELATED PROCEDURE CODING**

Procedure coding for physician and outpatient hospital services

<table>
<thead>
<tr>
<th>CPT®</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>33282</td>
<td>Implant pat-active ht record (ILR)</td>
</tr>
<tr>
<td>33284</td>
<td>Remove pat-active ht record (ILR)</td>
</tr>
<tr>
<td>93285</td>
<td>ILR device eval/programming</td>
</tr>
<tr>
<td>93291</td>
<td>ILR device interrogation (in person)</td>
</tr>
<tr>
<td>93298</td>
<td>ILR device interrogation (remote, prof svc)</td>
</tr>
<tr>
<td>93299</td>
<td>ILR device interrogation (remote, tech svc)</td>
</tr>
</tbody>
</table>

C code required for Medicare hospital OP services

| C1764 | Event recorder, cardiac (implantable) |

Procedure coding for inpatient hospital services

| 37.79  | Revision or relocation of cardiac device pocket (includes ILR implant) |
| 86.05  | Incision with removal of foreign body or device from skin and subcutaneous tissue (includes ILR explant) |