

SEEQ™ MCT HEALTH PLAN SUMMARY IN-NETWORK NOVEMBER 2017

SEEQ™
Mobile Cardiac
Telemetry System



National Payers

In-Network Provider

	Medtronic-Performed Service	
	Eligibility & Benefit Verification	Prior Authorization*
Medicare (Fee for Service)	■	
Aetna	■	
Cigna	■	

Regional Payers

In-Network Provider

	Medtronic-Performed Service	
	Eligibility & Benefit Verification	Prior Authorization*
AmeriHealth NJ	■	
BCBS Arizona	■	
BCBS Louisiana PPO Plans	■	
BCBS Minnesota (Medicare Advantage Only)	■	
CareFirst BCBS	■	
CommunityCare of Oklahoma	■	
ConnectiCare, Inc.	■	
Coventry Health Care (Aetna)	■	
DakotaCare	■	■
EmblemHealth	■	
GHI Health Plan	■	
HealthChoices Oklahoma	■	
HealthNet CA	■	
HealthNet Federal Services TRICARE North	■	
HealthPartners	■	■
HIP Health Plan	■	
Humana Military TRICARE South	■	
Independence Blue Cross	■	
Innovage	■	
Medica	■	■
Priority Health	■	
Sutter Health Plus - California	■	
TUFTS Health Plans (Commercial and Medicare Advantage Only)	■	■
UPMC	■	■
Vantage Health Plan	■	■
Verity Health Net	■	
Vytra Health Plan	■	

Visit myOrders.Medtronic.com to submit a prescription today.

Questions? Contact the Medtronic Monitoring Center at 1 (877) 247-7449

*The Medtronic Monitoring Center will perform a Prior Authorization only when required by a health plan.

** Some Medicare Advantage Plans may require prior authorization or proof of medical necessity prior to starting the service. This is determined during the eligibility and benefits check which will be done for every patient. For more information on Prior Authorizations please see the Resources tab.

SEEQ™ MCT HEALTH PLAN SUMMARY OUT-OF-NETWORK NOVEMBER 2017

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National

Out-of-Network Provider Accepting PPO Plans Only

	Medtronic-Performed Service	
	Eligibility & Benefits Check	Prior Authorization*
United Healthcare PPO Plans	■	

Medicare Advantage**

Out-of-Network Provider Accepting PPO Plans Only

	Medtronic-Performed Service	
	Eligibility & Benefits Check	Prior Authorization
BCBS Michigan Medicare Advantage PPO Plans	■	
Humana Medicare Advantage PPO Plans	■	Humana requires that a Prior Authorization be completed by the clinic through their vendor HealthHelp, please contact Humana directly for additional information
United Healthcare Medicare Advantage PPO Plans	■	

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WHAT ARE HEALTH PLAN NETWORKS?

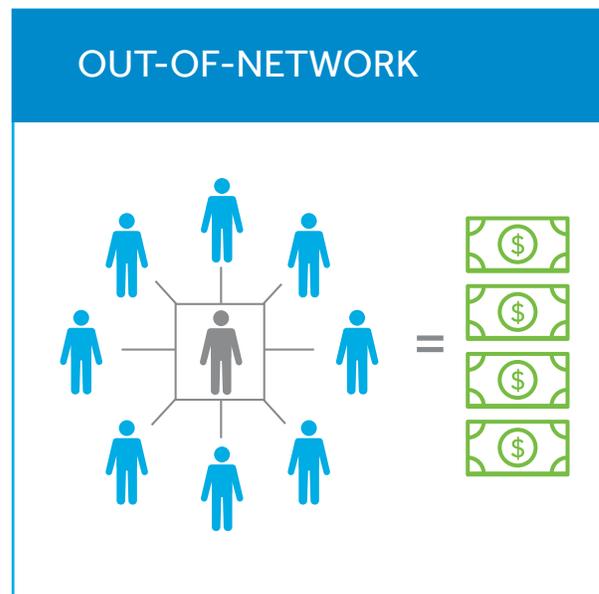
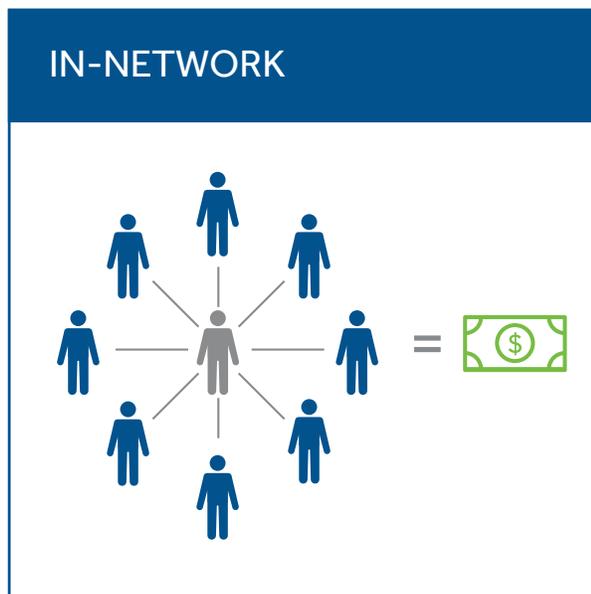
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A network is a group of providers that a health plan will contract with directly to provide medical services for their members. When we use the term provider, we mean any person or entity that provides medical services: physicians, laboratories, hospitals, and companies like Medtronic Monitoring Inc. Typically, the health plan will negotiate competitive rates with their network providers as a cost saving measure. Providers that have contracted directly with a health plan are considered **in-network**.

Providers that have not negotiated a rate, signed a contract, and gone through a plan's credentialing process are considered **out-of-network**.

Patient benefits can vary based on how their plan is designed. Plan designs can have different deductible amounts, monthly premiums, co-pays, co-insurance, and in-and/or out-of-network benefits. **If a patient DOES have out-of-network benefits, meaning their plan will cover some of the cost to see an out-of-network provider, the patient share of cost is typically higher than if they went to an in-network-provider.**



HMO VS. PPO PLANS

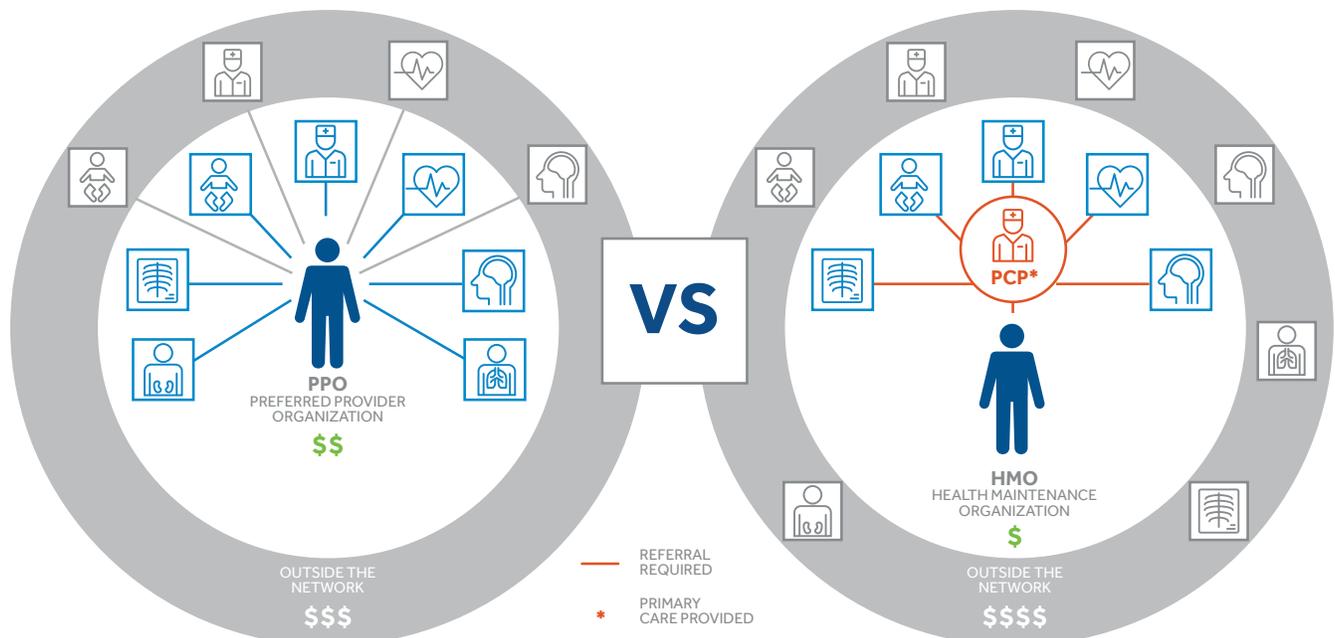
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A **PPO plan, or Preferred Provider Organization Plan** is a managed care organization of health providers who contract with an insurer or third-party administrator (TPA) to provide health insurance coverage to policy holders represented by the insurer or TPA. Policy holders receive substantial discounts from health care providers who are partnered with the PPO. If policy holders use a physician outside the PPO plan, they typically pay more for the medical care. This is often referred to as an out of network or a non-participating provider with a particular health plan. PPO plans typically have higher monthly premiums and patients with PPO plans can usually visit any doctor (ie, an electrophysiologist) without getting a referral.

A **HMO plan or Health Maintenance Organization plan** usually limit coverage to care from providers who work for or contract with the plan directly. An HMO generally won't cover or has limited coverage for out-of-network care except in an emergency. Monthly premiums tend to be lower for HMO plans, but it's important to keep in mind that these patients have a narrow network of providers to choose from. Patients with an HMO plan usually have an assigned primary care doctor and typically need a referral to see specialists.

Patients with PPO plans have the opportunity to see a wider network of providers while maintaining some form of coverage, whereas patients with HMO plans are pretty much limited to a set network of providers. This is how health plans are able to lower the premium cost to beneficiaries as they negotiate very aggressive rates for service with the providers in the HMO networks.



Disclaimer

This guide is intended only for educational use. This information 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.

Cardiac Rhythm and Heart Failure (CRHF) coding, coverage and reimbursement information is available at www.medtronic.com/crdmreimbursement

For questions or for more information, please contact Medtronic at 1 (866) 877-4102.

Brief Statement

Medtronic SEEQ™ Mobile Cardiac Telemetry (MCT) System

Indications: The Medtronic SEEQ Mobile Cardiac Telemetry (MCT) System is intended to continuously measure, record, and periodically transmit physiological data. The System is indicated for those patients who require monitoring for the detection of non-lethal cardiac arrhythmias such as, but not limited to, supraventricular tachycardias (e.g., atrial fibrillation, atrial flutter, paroxysmal SVTs), ventricular ectopy, bradyarrhythmias, and conduction disorders. The SEEQ MCT System monitors, derives, and displays: ECG, Heart Rate.

Contraindications

- Patients with known allergies or hypersensitivities to adhesives or hydrogel
- Patients with potentially life-threatening arrhythmias, or who require inpatient/hospital monitoring

Warnings and Precautions

- Do not reapply the Wearable Sensor (it is meant for one-time use).
- For a complete list of precautions, please refer to the Instructions for Use document.

See the device manual for detailed information regarding the 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 at www.medtronic.com.

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

The SEEQ™ MCT System and the Medtronic Monitoring Center are provided by Medtronic Monitoring Inc., a wholly owned subsidiary of Medtronic.

Medtronic

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physicians and medical professionals)

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