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Overview

CareLink Express™ Mobile provides the tools to easily interrogate and transmit device data to be analyzed— reducing the time a cardiac device patient spends waiting in a hospital or clinic setting.1

CareLink Express Mobile is a way to perform a Medtronic device interrogation when a patient is in a healthcare setting such as a hospital or physician office. A Medtronic representative or device follow-up clinician (configurable by site) is notified of the transmission and reviews the data remotely on the CareLink Express or CareLink™ websites.

CareLink Express Mobile is considered an in person interrogation when performed while a patient is in a hospital or physician office. “In person” refers to the location of the patient, not where the transmission review occurs. It may be possible to report and bill for the CareLink Express in person interrogation services. This document outlines detailed Reimbursement considerations to help your coding and billing team determine whether you meet the criteria for Reimbursement of this service.

Coding and Reimbursement

The coding for in person monitoring can consist of different components: the professional and technical components of the service. This is standard coding terminology for describing components of diagnostic services.

CareLink Express Mobile interrogations may be reported to insurance as “In person interrogations” when the service meets the criteria for reporting, detailed below.

In person interrogation codes vary based upon the type of device being interrogated. CPT® codes for in person interrogation may be found on page 3.2

If you have additional questions on CareLink Express Mobile reimbursement, please visit our website at www.medtronic.com/CRHFReimbursement, call us at 866-877-4102, Monday-Friday from 8 a.m. to 5 p.m. CST, or email us at rs.crdmhealthcareeconomics@medtronic.com or contact your local Medtronic Regional Economic Manager (REM).
CareLink Express Mobile Reimbursement Considerations

Interrogation performed by clinic staff or Medtronic representative

CareLink Express interrogation services follow Medicare’s diagnostic test reimbursement rules. In person interrogation services consist of two different components when performed in a physician office: the technical component and the professional component. More detail on each of these components may be found below.

The technical component of the in person monitoring may be performed by either the device clinic staff or by a Medtronic representative. If any part of the technical component is performed by a Medtronic representative, this may not be reported to insurance.4

The report is then assessed by a follow-up physician. This is the professional component of the in person monitoring service.

In cases where the CareLink Express Mobile service takes place in a physician office, the global service (both the technical and professional components) may be reported without the use of modifiers if both the professional and technical component is being performed by the device clinic.

In cases where the CareLink Express mobile service takes place in a hospital, the hospital would bill for the technical portion of the service if they meet all criteria in the checklist on page 3. Hospital coding staff should be consulted for further information on implementation in a hospital.

More detail on Professional and Technical components of diagnostic test codes

When in person interrogation is performed in the physician office, the service can consist of a professional component and a technical component, which both may be reported by the physician office staff. For more detail, consult the current CPT professional coding book.3

Professional Component:

- Physician’s work interpreting a diagnostic test or performing a procedure and includes indirect practice and malpractice expenses related to that work.
- For in person monitoring services, the professional component includes all components of supervision and interpretation of the procedure that results in a written report. The interpretation and written report should include findings and relevant clinical issues.
- Report using modifier – 26 when the device interrogation report is interpreted by a device follow up clinician

Technical Component:

- All non-physician work performed in a physician office clinic setting and includes the cost of administrative personnel and capital (equipment and facility) costs, and related malpractice expenses.
- For in person monitoring services, the technical component includes all components of data acquisition, receipt of transmissions and technician review, technical support, and distribution of results.
- Report using modifier –TC when all parts of the interrogation technical component are performed by the clinical staff i.e. no Medtronic representative is involved.
- Do not report when clinical staff do not perform all parts of the interrogation technical component, such as situations where a Medtronic representative performed some of the service.
- Do not report when services are performed in a hospital. The hospital will receive payment for the non-physician services provided.

When both the professional and technical components are performed in a clinic setting, the global service (both the technical and professional components) may be reported without the use of modifiers.

When the service is performed in a hospital setting, the hospital is responsible for the technical portion of the code and would bill the appropriate procedure code if applicable.
Not all CareLink Express Mobile services are reportable and billable to insurance.

CareLink Express Mobile interrogations may be reported to insurance as “In person interrogations” when the service meets the applicable criteria below. There are different requirements for reporting the physician professional or the technical components of the monitoring procedure.

<table>
<thead>
<tr>
<th>Criteria for reporting in person interrogation</th>
<th>Applies to component:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLE-M service</strong> must meet all 3 applicable criteria:</td>
<td>Both technical &amp; professional</td>
</tr>
<tr>
<td>□ The Patient only receives an in person interrogation (the patient should not receive in-person programming during the same visit)³</td>
<td></td>
</tr>
<tr>
<td>□ The patient is not in a remote monitoring period³</td>
<td></td>
</tr>
<tr>
<td>□ The service is performed when the patient is in a hospital or clinic setting</td>
<td></td>
</tr>
<tr>
<td><strong>CLE-M service</strong> must also meet these 2 criteria for the technical component:</td>
<td>Technical</td>
</tr>
<tr>
<td>□ The CareLink Express assessment / technical component is performed by clinic or hospital staff (i.e not by a Medtronic representative)⁴</td>
<td></td>
</tr>
<tr>
<td>□ The Physician is directly supervising the clinic staff when performing the technical portion of the review⁵, 6, 7, 8</td>
<td></td>
</tr>
</tbody>
</table>

In addition, the following should be considered before billing:

□ If programming occurs (such as with annual visit), do not bill for the interrogation. Consider programming CPT code instead.³

□ The Clinician must verify all CPT code requirements and components are met prior to reporting a CPT code

□ Do not bill for the service unless all requirements have been met

### Coding

Procedure codes for in person cardiac device interrogation vary by device type. If all the above criteria are met, consider utilizing the following procedure codes to report the service. These procedure codes may be used to report services performed by physicians or in the hospital outpatient setting.

**In person interrogation CPT® codes by device type**², ³

<table>
<thead>
<tr>
<th>Device</th>
<th>CPT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pacemaker</td>
<td>CPT 93288</td>
</tr>
<tr>
<td>Implantable cardiac defibrillator</td>
<td>CPT 93289</td>
</tr>
<tr>
<td>Implantable cardiac monitor (e.g. OptiVol)</td>
<td>CPT 93290</td>
</tr>
<tr>
<td>Subcutaneous cardiac rhythm monitor (e.g. Reveal™ LINQ)</td>
<td>CPT 93291</td>
</tr>
</tbody>
</table>

For services performed in a physician office, if the services meet all criteria above for reporting:

- Technical Component: report using modifier –TC
- Professional Component: report using modifier – 26
- Global service: report without the use of modifiers

For services performed in a hospital, if services meet all criteria above for reporting:
• Hospitals may report the procedure codes with no modifiers. Physicians may still report the professional component of the procedure when performed in the hospital.
• If technical service provided by hospital clinic staff during inpatient stay, the technical component will be included in the DRG for the current hospital stay.
• If the technical service is provided by hospital clinic staff during a hospital outpatient visit, the technical component will be billed by the hospital using the CPT codes above.

Place of service note:
• Treatment decisions and procedure location for an individual patient is the sole decision of the healthcare provider and should be based on medical necessity.

Frequently Asked Questions

Q: Is a CareLink Express Mobile interrogation a remote or in person interrogation?
A: A CareLink Express™ interrogation is considered an in person interrogation only.

Q: Can my location seek reimbursement for the technical component of an interrogation when the technician review portion of the service is performed by a Medtronic representative?
A: It is not appropriate to ever report the technical component when a portion of the CareLink Express interrogation is performed by a Medtronic representative or a Medtronic device monitoring specialist.

Q: Can I bill for a CareLink Express Mobile interrogation when the patient is in a remote monitoring period?
A: No. An in person interrogation cannot be billed during a remote monitoring episode that is being billed. The remote monitoring period is 30 or 90 days (depending on the device).

Q: Can my physician office seek reimbursement for both the technical and professional components of an interrogation?
A: It is not appropriate to ever report the technical component when in person or remote interrogation is supported by a Medtronic representative (on site or remote). If the clinic staff reviews the CareLink Express™ interrogation and they meet all of the criteria to report the technical component of in person interrogation, they may consider reporting the appropriate technical component of the in person interrogation. The professional component would be reported if/when the physician reads and interprets the report. If a physician from a different clinic/location interprets the report they would report the professional component.

Q: I performed a CareLink Express Mobile interrogation service in a hospital. How would we report this service?
A: It is not appropriate to ever report the technical component when in person or remote interrogation is supported by a Medtronic representative or a Medtronic device monitoring specialist. If the hospital staff reviews the CareLink Express™ interrogation and they meet all of the criteria to report the technical component of in person interrogation, the hospital may consider reporting the appropriate technical component of the in person interrogation code. They would not use modifiers, as the hospital is inherently only billing the technical component. The professional component would be reported by the physician if/when the physician reads and interprets the report.

Q: I am in a physician office and we met all the criteria listed above for reporting the CareLink Express Mobile in person interrogation. Can I bill for both the technical and professional components?
A: The global service (technical and professional) may be reported without the use of modifiers if both the professional and technical component are being performed by the device clinic. One of the device interrogation codes 93288, 93289, 93290, or 93291 should be reported.

Q: Can I bill for both an in person interrogation and programming at the same time?
A: No, an in person interrogation is considered a component of a programming, and not billed in addition to the programming service. If a patient is receiving in person programming such as during their annual visit, the clinic should report
Q: What if I only meet some of the criteria listed above?
A: It is not appropriate to bill for this service unless you meet all the criteria listed above.

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3 American Medical Association. 2020 CPT Professional Edition. Details may be found in the Cardiovascular monitoring section.


6 Physician Supervisor Requirements: Cardiac device monitoring services are defined by Medicare as diagnostic services. As such, Medicare regulations require specific supervision for diagnostic tests. These are applicable to the technical component of the electronic analysis of implanted cardiac devices. These supervision requirements are in addition to any other Medicare coverage requirements. Medicare requires direct supervision of the technical component for all in person cardiac device evaluations. Direct supervision in a hospital (facility) setting means that the physician must be immediately available to furnish assistance and direction throughout the performance of the procedure. The physician is not required to be present in the room where the procedure is being performed in this hospital (facility) setting or within any other physical boundary as long as he or she is immediately available.

7 The Medicare supervision requirements for individual CPT codes are available by accessing the “PFS Relative Value Files” or “Medicare Physician Schedule Look-Up” located at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html.