

CareLink Express™ Mobile Reimbursement Overview

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Medtronic

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Overview

CareLink Express™ Mobile (CLEM) enables easy retrieval of Medtronic cardiac implantable electronic device (CIED) data to be reviewed remotely on the CareLink Express or CareLink™ websites by a Medtronic representative or device follow-up clinician (configurable by site).

This document outlines reimbursement considerations for CareLink Express Mobile.

Coding

CareLink Express Mobile CIED device interrogations are described by in person CIED interrogation CPT® codes. These codes vary by device type (see table at right).

In person interrogation codes are appropriate when the patient receives the service while at a healthcare facility (as opposed to remote interrogation codes which are appropriate when the patient is at home).

Interrogation codes consist of two different components:

- Technical Component: report using modifier –TC. The technical component of the in person monitoring may be performed by either the device clinic staff or by a Medtronic representative and includes all non-physician work.
- Professional Component: report using modifier –26. The professional component of the in person monitoring includes analysis, review and report by a physician or other qualified health care professional.

For Global service (inclusive of technical and professional component): report without the use of modifiers.

The provider 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.

In person interrogation CPT® codes by device type ^{1,2}	
Pacemaker (including CRT-P)	CPT 93288
Implantable Defibrillator (including CRT-D)	CPT 93289
Implantable Cardiovascular Physiologic Monitor	CPT 93290
Subcutaneous Cardiac Rhythm Monitor (e.g. Reveal™ LINQ)	CPT 93291

Billing Considerations

Consider the following for CareLink Express Mobile services billing

Potential scenarios for CLEM billing	CLEM Technical Component	CLEM Professional Component
The patient's device is remotely monitored by their device clinic* ²	Not billable	Not billable
The patient received device programming service during the same visit as the CareLink Express interrogation ²	Not billable	Not billable
The CareLink Express interrogation was performed by an industry representative ³	Not billable	Billable if code requirements met
Direct supervision requirements are met during device interrogation ⁴⁻⁷	Billable if code requirements met	Billable if code requirements met

*In person interrogation services and remote monitoring services cannot be billed concurrently

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 report the technical component when a portion of the CareLink Express interrogation is performed by a Medtronic representative or a Medtronic device monitoring specialist.³

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: 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. 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).

Q: I performed a CareLink Express Mobile interrogation service in a hospital. How would we report this service?

A: 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 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. 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.³

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. The appropriate device interrogation code (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 cannot be 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 programming if they meet those requirements.

For more details on in person device interrogation reimbursement, please see the Medtronic CIED Management Services Reimbursement Guide located [HERE](#), call us at 866-877- 4102 (Monday-Friday from 8 a.m. to 5 p.m. CST), email us at rs.crdmhealthcareconomics@medtronic.com or contact your local Medtronic Regional Economic Manager (REM).

REFERENCES

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² American Medical Association, 2021 CPT Professional Edition. Details may be found in the Cardiovascular monitoring section.

³ HRS Coding Guide for Heart Rhythm SocietySM Coding Guide, 2016.

⁴ Direct supervision definition may be found in the Code of Federal Regulations 42 CFR 410.32(b)(3)(ii). Chapter 42: Public Health, Part 410: SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS, Section 32 Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions. at, accessed via <<https://www.govinfo.gov/app/details/CFR-2011-title42-vol2/CFR-2011-title42-vol2-sec410-32>> on December 14, 2020.

⁵ Supervision 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 supervising clinician must be immediately available to furnish assistance and direction throughout the performance of the procedure. The supervising clinician 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.

⁶ 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>. Accessed January 28, 2021.

⁷ Medicare diagnostic testing rules state that the supervisor must be a Physician. A Non-Physician Practitioner (NPP) such as a nurse practitioner or a physician assistant cannot supervise staff. As of January 1, 2021, Medicare allows certain NPPs to supervise diagnostic tests ONLY in states where state law and scope of practice allows it. CY 2021 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies. Display Copy: <https://public-inspection.federalregister.gov/2020-26815.pdf>. Accessed December 8, 2020.

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