Medtronic

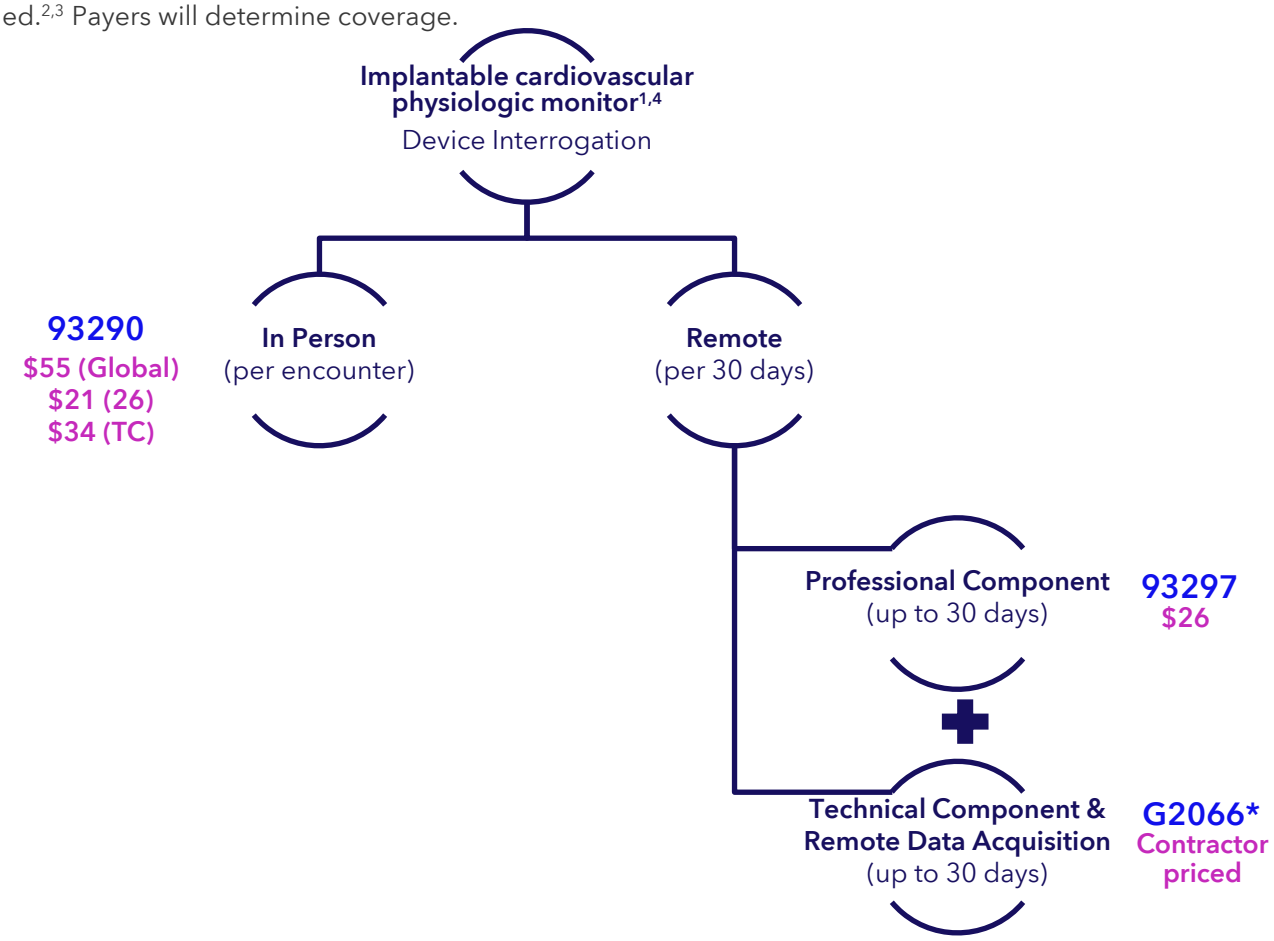
Reimbursement overview

Cardiac Compass™ heart failure management

Reimbursement may be available for implantable cardiovascular physiologic monitoring (ICPM) to help with heart failure management.

When Cardiac Compass™ from ICD and CRT devices is used to help manage a patient's heart failure, the ICPM CPT® codes may be reported.[1]

Coding for remote ICPM interrogations is available once per 30 days, regardless of the number or combination of physiologic data elements interrogated.[1] Reimbursement is available for only those services that are considered to be medically reasonable and necessary. Documentation in the medical record must support the medical necessity of services performed.[2,3] Payers will determine coverage.



*CMS created HCPCS code G2066 , effective January 1, 2020. Some commercial payers may accept this code, but it will be important to check with each payer individually.

Frequently asked questions

Q1: Can a provider bill separate codes for different types of remote device monitoring (rhythm and physiologic) of the same device?

There are distinct CPT® codes available for each type of monitoring. Medicare allows code 93297 to be billed on the same date of service as 93295 or 93296. Private payers will determine coverage and reimbursement for services provided.

Q2: Is reimbursement available for TriageHF™?

Because TriageHF™ is based on one or more physiologic data elements, the ICPM remote monitoring CPT® codes apply. ICPM reimbursement for remote monitoring is only available once every 30 days, regardless of the number or combination of physiologic data interrogated.

Contact

For additional information, contact the Medtronic Reimbursement Customer Support team by phone at 866-877-4102 or by email at: rs.healthcareeconomics@medtronic.com

References

[1]CPT copyright 2022 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to government use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for the data contained or not contained herein.

[2]Social Security Administration. Social Security Act Section 1848(c)(1)(A) and (B). Available at: https://www.ssa.gov/OP_Home/ssact/title18/1848.html Accessed November 28, 2022.

[3]CMS.gov. Section 410.32(b) of the Code of Federal Regulations (CFR). Available at: https://https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/downloads/410_32.pdf. Accessed November 28, 2022

[4]The Medicare Physician Fee Schedule (MPFS) 2023 National payment rates based on information published in the MPFS final rule CMS-1770-F and updates from the legislation signed on December 29, 2022. PFS Federal Regulation Notices. cms.gov https://www.cms.gov/medicaremedicare-fee-service-paymentphysicianfeeschedpfs-federal-regulation-notices/cms-1770-f Accessed January 10, 2023. PFS Relative Value Files. cms.gov https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files. Local physician rates will vary based on location specific factors not reflected in this document. CMS may make adjustments to any or all of the data inputs from time to time.

Brief Statement

Medtronic SureScan™ ICDs and CRT-Ds Indications

SureScan MRI defibrillation systems are indicated to provide ventricular antitachycardia pacing and ventricular defibrillation for automated treatment of life-threatening ventricular arrhythmias. In addition, the dual chamber devices are indicated for use in the above patients with atrial tachyarrhythmias, or those patients who are at significant risk of developing atrial tachyarrhythmias.

SureScan MRI CRT-D systems are indicated for ventricular antitachycardia pacing and ventricular defibrillation for automated treatment of life-threatening ventricular arrhythmias and for providing cardiac resynchronization therapy in heart failure patients on stable, optimal heart failure medical therapy if indicated, and meet any of the following classifications: New York Heart Association (NYHA) Functional Class III or IV and who have a left ventricular ejection fraction ≤ 35% and a prolonged QRS duration, Left bundle branch block (LBBB) with a QRS duration ≥ 130 ms, left ventricular ejection fraction ≤ 30%, and NYHA Functional Class II, NYHA Functional Class I, II, or III and who have left ventricular ejection fraction ≤ 50% and atrioventricular block (AV block) that are expected to require a high percentage of ventricular pacing that cannot be managed with algorithms to minimize right ventricular pacing. Optimization of heart failure medical therapy that is limited due to AV block or the urgent need for pacing should be done post implant. Claria MRI™/Amplia MRI™ only: Some CRT-D system are also indicated for use in patients with atrial tachyarrhythmias, or those patients who are at significant risk for developing atrial tachyarrhythmias.

MRI Conditions for Use

Medtronic SureScan ICD and CRT-D systems are MR Conditional, and as such are designed to allow patients to undergo MRI under the specified conditions for use. ICD and CRT-D SureScan system patients may be scanned using a horizontal field, cylindrical bore, clinical 1.5T or 3T MRI system for hydrogen proton imaging. When programmed to On, the MRI SureScan feature allows the patient to be safely scanned while the device continues to provide appropriate pacing. A complete ICD or CRT-D SureScan system, which is a SureScan device with appropriate SureScan lead(s), is required for use in the MR environment. For DF-1 ICD and CRT-D Systems, when a single coil SureScan defibrillation lead is used, a Medtronic DF-1 pin plug must be secured in the SVC port to make a complete SureScan DF-1 defibrillation system. To verify that components are part of a SureScan system, visit http://www.mrisurescan.com/. Any other combination may result in a hazard to the patient during an MRI scan.

Contraindications

SureScan defibrillation and CRT-D systems are contraindicated for patients experiencing tachyarrhythmias with transient or reversible causes, or patients with incessant VT or VF. For dual chamber and CRT-D devices, the device is contraindicated for patients whose primary disorder is chronic atrial tachyarrhythmia with no concomitant VT or VF. For single chamber devices, the device is contraindicated for patients whose primary disorder is atrial tachyarrhythmia.

Warnings and Precautions

Changes in a patient's disease and/or medications may alter the efficacy of the device's programmed parameters. Patients should avoid sources of magnetic and electromagnetic radiation to avoid possible under detection, inappropriate sensing, and/or therapy delivery, tissue damage, induction of an arrhythmia, device electrical reset, or device damage.

Do not place transthoracic defibrillation paddles directly over the device. Additionally, for CRT-D devices, certain programming and device

operations may not provide cardiac resynchronization. Use of the device should not change the application of established anticoagulation protocols. Patients and their implanted systems must be screened to meet the following requirements for MRI: no lead extenders, lead adaptors, or abandoned leads present; no broken leads or leads with intermittent electrical contact as confirmed by lead impedance history; and the system must be implanted in the left or right pectoral region.

Potential Adverse Events

Potential complications include, but are not limited to, rejection phenomena, device migration, infection, or erosion through the skin. Potential complications associated with cardiac rhythm devices include muscle or nerve stimulation, oversensing, failure to detect and/or terminate arrhythmia episodes, acceleration of tachycardia, and surgical complications such as hematoma, inflammation, and thrombosis. Potential lead complications include, but are not limited to, valve damage, fibrillation, thrombosis, thrombotic and air embolism, cardiac perforation, heart wall rupture, cardiac tamponade, pericardial rub, infection, myocardial irritability, and pneumothorax. Other potential complications related to the lead may include lead dislodgement, lead conductor fracture, insulation failure, threshold elevation, or exit block. Potential MRI complications include, but are not limited to, lead electrode heating and tissue damage resulting in loss of sensing or capture or both, or MR-induced stimulation on leads resulting in continuous capture, VT/VF, and/or hemodynamic collapse.

See the appropriate product MRI SureScan Technical Manual before performing an MRI scan and see the device manuals for detailed information regarding the implant procedure, indications, contraindications, warnings, precautions, and potential complications/adverse events. For further information, call Medtronic at 1-800-328- 2518 and/or consult the Medtronic website at medtronic.com *or* mrisurescan.com.

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

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