Coverage and Payment for Remote Programming of Subcutaneous Cardiac Rhythm Monitor Systems

The Heart Rhythm Society (HRS) and the American College of Cardiology (ACC) offer education and advocacy for cardiac arrhythmia professionals and patients. The medical societies join to alert members and stakeholders to the creation of a new Category III CPT® code characterizing remote programming of subcutaneous cardiac rhythm monitoring systems. We strongly encourage adoption and coverage by payers.

Under FDA labeling, subcutaneous cardiac rhythm monitors **(also known as implantable loop recorders [ILRs] or insertable cardiac monitors [ICMs])** are indicated for adults at risk of developing an abnormal heart rhythm or have symptoms that may suggest a cardiac arrythmia such as dizziness, palpitations, syncope, chest pain, and/or shortness of breath. Subcutaneous cardiac rhythm monitors address an otherwise unmet clinical need through uninterrupted, long-term cardiac monitoring for patients with symptoms which recur too infrequently to be detected by shorter-term external monitoring modalities. Subcutaneous cardiac rhythm monitors have been covered by Medicare since 2004 under the Centers for Medicare & Medicaid Services (CMS) National Coverage Determination (NCD) for Electrocardiographic Services (20.15). Remote interrogation device evaluation of these devices has been covered by Medicare since the creation of Category I CPT codes in 2009.

On November 2, 2020, the American Medical Association's CPT Editorial Panel announced approval of a new Category III CPT code to describe remote reprogramming of subcutaneous cardiac rhythm monitors. CPT Code 0650T will become effective on July 1, 2021.

0650T Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional

Atrial Fibrillation and Flutter ICD-10 codes in Category I48 as well as other codes for Stroke, Syncope and Collapse, Palpitations, etc. will likely identify the correct diagnosis.

Congruent with the precedent established by CMS to facilitate patient access to remote physician services, **HRS and ACC recommend that all Medicare Administrative Contractors (MACs), state Medicaid plans, and private health insurance companies provide coverage for remote programming of subcutaneous cardiac rhythm monitor systems that is consistent with FDA labeling.** Coverage for remote programming of these devices would facilitate clinical decision-making between physicians and their patients while also avoiding the costs with in-person clinic office visits. Moreover, within the context of the current COVID-19/SARS-CoV-2 pandemic where remote *monitoring* has become essential for device/patient surveillance, the new added capability for remote *programming* further improves patient care while mitigating the unnecessary exposure risk with in-person clinic/emergency department/hospital visits.

For this technology, the remote programming description of service includes identifying and reviewing alert conditions. Patient-activated and automatically recorded rhythm episodes are reviewed for

evidence of accurately identified arrythmias. Current data measurements are compared to stored and trended historical data. Device function is assessed for underlying signal strength and battery longevity. Sensing thresholds for detecting arrythmias are evaluated and adjusted until optimized. The appropriate rhythm alerts are identified, and recording parameters are reviewed and adjusted. Total device memory capacity and parameters for recording capacity are reviewed. The amount of episode detection recording time is assessed and adjusted as needed to optimize recording function. After detailed evaluation of all parameters, a decision is made about the adequacy of the current programmed parameters and any identified device programming changes to optimize device performance are made and saved in the remote monitoring system.

Where coverage for remote services made possible by new technology is either limited or unavailable, plan policies should be updated to ensure all patients with appropriate clinical rationale have access to this care option.

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