



IN-OFFICE

# Insertable Cardiac Monitor Procedure Readiness Checklist

This checklist is intended for clinic use only, to help the clinic evaluate key aspects of its readiness to handle ICM procedures In-Office.

Note: For coding and reimbursement information, Abbott offers a reimbursement hotline, which provides coding and reimbursement information from dedicated reimbursement specialists. To contact the hotline, email: [AbbottEconomics@abbott.com](mailto:AbbottEconomics@abbott.com).

| BUSINESS STRUCTURE  |  |                |     |             |    |                            |    |
|---|--|----------------|-----|-------------|----|----------------------------|----|
| Is the practice currently purchasing medical devices and performing in-office procedures? (ex. iRhythm patch)                                   |  |                | YES | NO          |    |                            |    |
| If YES, note that the process for obtaining authorization for Confirm Rx™ will mirror the process for other medical devices.                    |  |                |     |             |    |                            |    |
| Is the practice familiar with the details of the proposed site of service changes to Confirm Rx™ Insertable Cardiac Monitor?                    |  |                | YES | NO          |    |                            |    |
| STAFFING  |  |                |     |             |    |                            |    |
| Is your clinic currently performing remote monitoring?  |  |                | YES | NO          |    |                            |    |
| If NO, do you have the staff in place for an increase in volume?  |  |                | YES | NO          |    |                            |    |
| Do you have a dedicated person responsible for obtaining Prior Authorization/Pre-Determination when necessary?                                  |  |                | YES | NO          |    |                            |    |
| Do you have a process in place for identifying if a patient will have out of pocket costs?  |  |                | YES | NO          |    |                            |    |
| Is the out of pocket cost (patient responsibility) clearly communicated to the patient prior to the procedure?                                  |  |                | YES | NO          |    |                            |    |
| Is the practice collecting the patient responsibility prior to the procedure?   |  |                | YES | NO          |    |                            |    |
| Is this procedure covered in your malpractice insurance?  |  |                | YES | NO          |    |                            |    |
| TRAINING  |  |                |     |             |    |                            |    |
| Is the staff trained for the procedure?   |  |                | YES | NO          |    |                            |    |
| Is the staff trained on the prior authorization process?  |  |                | YES | NO          |    |                            |    |
| Is the physician trained on the proper clinical documentation that is needed in the patient's medical records?                                  |  |                | YES | NO          |    |                            |    |
| INSURANCE/PAYER BILLING   |  |                |     |             |    |                            |    |
| Do you bill under the following place of service (POS) codes?   |  | POS 11: OFFICE |     | POS 24: ASC |    | POS 22: HOSPITAL INPATIENT |    |
|   |  | YES            | NO  | YES         | NO | YES                        | NO |
| What percent of your patients are Medicare?   |  |                |     |             |    |                            |    |
| Who are your major commercial payers? For example: UnitedHealthcare, Aetna, etc.  |  |                |     |             |    |                            |    |
| Are you familiar with the specific coverage criteria that exists within these commercial payer coverage policies?                               |  |                | YES | NO          |    |                            |    |
| Have your contracts with commercial payers been updated to reflect the cost of the device and confirmed on your fee schedule for 33285, POS 11? |  |                | YES | NO          |    |                            |    |
| Is there an individual responsible for handling denied claims in your practice?   |  |                | YES | NO          |    |                            |    |

**Rx Only**

**Brief Summary:** Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events and directions for use.

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