



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.

BUSINESS STRUCTURE						
Is the practice currently purchasing medical devices and performing in-office procedures? (e.g., iRhythm patch)				YES	NO	
If YES, note that the process for obtaining authorization for Assert-IQ™ or Jot Dx™ ICM will mirror the process for other medical devices.						
STAFFING						
Is your clinic currently performing remote monitoring for ICMs?				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 ICM procedure?				YES	NO	
Is the ICM procedure covered in your malpractice insurance?				YES	NO	
TRAINING						
Is the staff trained for the ICM procedure?				YES	NO	
Is the staff trained on the prior authorization process?				YES	NO	
Is the implanting 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 beneficiaries?						
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 User’s Guide for a complete listing of indications, contraindications, warnings, precautions, potential adverse events, and directions for use. The system is intended to be used with leads and associated extensions that are compatible with the system.

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