

## MEMO

Subject: ACTION REQUIRED: Cardiac Monitoring Services Billing

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### Overview of Changes:

The 2024 Medicare Physician Fee Schedule is bringing significant changes to the billing of cardiac monitoring services. **CPT code G2066 will be eliminated**, with direct practice expense (PE) inputs being reassigned to codes for heart failure (93297) and loop recorders (93298). These changes necessitate an update in our collective billing practices.

### Action Items for Clinics:

#### 1. Understand Billing Modifications:

- Clinics must bill using a professional component (-26) modifier. The new codes are 93297(-26) and 93298(-26).
- Vector will bill the technical component using a technical component (TC) modifier.
- Billing for 93297 or 93298 constitutes global billing. Without the professional modifier, it risks claim denial due to the technical component already being issued to Vector.

#### 2. Prepare for Commercial Insurance Delays:

- Anticipate a 1-2 month delay for commercial insurers to implement these coding changes.
- Be prepared for initial denials of claims and plan for potential resubmissions.

#### 3. Review and Update Your Billing Processes:

- Ensure all relevant staff are informed and understand the new billing modifications.

Vector is committed to assisting our clinic partners through this transition. We appreciate your cooperation and proactive approach to these changes. Please contact your Vector account representative with any questions or concerns.

Your Vector Account Managers,

Karri, Tegan and Michael