

CPT PROCEDURE CODES

CPT procedure codes describe the medical, surgical, and diagnostic services provided to the patient. The following information includes the commonly billed physician codes for cardiac monitoring services. This is not a comprehensive list of all available codes, and it is possible that there are more appropriate codes for any given service/procedure.

30 Day Cardiac Event Monitoring

For patients who experience infrequent symptoms (less frequently than every 48 hours) suggestive of cardiac arrhythmias (i.e., palpitations, dizziness, presyncope, or syncope) and/or the conditions listed below

CPT Code	Procedure Description
30 Day Cardiac Event Monitoring	
93268 GLOBAL	External patient and, when performed, auto activated ECG rhythm derived event recording; up to 30 days, 24-hour attended monitoring (includes connection, recording, scanning analysis with report, review, and interpretation by a physician or other qualified health care professionals)
93270 HOOK-UP	Includes connection, recording, and disconnection
93271 TECHNICAL	Includes transmission download and analysis
93272 PROFESSIONAL	Includes transmission and analysis

24-48 Hour Traditional Holter

For patients who experience frequent symptoms (more frequently than once in 48 hours) suggestive of cardiac arrhythmias (i.e., palpitations, dizziness, presyncope, or syncope) and/or the conditions listed below

CPT Code	Procedure Description
24 - 48 Hour Traditional Holter	
93224 GLOBAL	Electrocardiographic monitoring for up to 48 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; includes recording, scanning analysis with report, physician review, and interpretation
93225 HOOK-UP	Includes hook-up, recording, and disconnection
93226 TECHNICAL	Scanning analysis with report
93227 PROFESSIONAL	Physician review and interpretation

>2-7, >7-15 Day Extended Holter

For patients who need post-diagnostic, very specific primary diagnostic, or ambulatory ECG monitoring. Used where symptoms are infrequent or frequent, reported at an advanced level of severity, and clinical need is more related to the assessment or characterization of a "non-life threatening cardiac arrhythmia (i.e., palpitations, dizziness, presyncope, or syncope) and/or the conditions listed below

CPT Code	Procedure Description
>2 - 7 Day Extended Holter	
93241 GLOBAL	Electrocardiographic monitoring for more than 48 hours up to 7 days by continuous original ECG waveform recording and storage, with visual superimposition scanning; (includes recording, scanning analysis with report, physician review, and interpretation)
93242 HOOK-UP	Includes connection and initial recordings
93243 TECHNICAL	Scanning analysis with report
93244 PROFESSIONAL	Physician review and interpretation
>7 - 15 Day Extended Holter	
93245 GLOBAL	Electrocardiographic monitoring for more than 7 days and up to 15 days by continuous original ECG waveform recording and storage, with visual superimposition scanning; (includes recording, scanning analysis with report, physician review, and interpretation)
93246 HOOK-UP	Includes connection and initial recordings
93247 TECHNICAL	Scanning analysis with report
93248 PROFESSIONAL	Physician review and interpretation

Mobile Cardiovascular Telemetry

For patients who need post-diagnostic, very specific primary diagnostic, or ambulatory ECG monitoring. Used where symptoms are infrequent or frequent, reported at an advanced level of severity, and clinical need is more related to the assessment or characterization of a "non-life threatening cardiac arrhythmia (i.e., palpitations, dizziness, presyncope, or syncope) and/or the conditions listed below

CPT Code	Procedure Description
Mobile Cardiovascular Telemetry	
93228 PROFESSIONAL	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real-time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; <i>(review and interpretation with report by a physician or other qualified health care professional)</i>
93229 TECHNICAL	<i>(Technical support for connection and patient instructions for use, attended surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional)</i>

ICD-10-CM DIAGNOSIS CODES¹

ICD-10-CM diagnosis codes classify and describe code diagnoses and symptoms of the patient. Report all appropriate ICD-10-CM diagnosis codes to support medical necessity of the CAM patch. **The following list of ICD-10 codes are generally related to the use of Ambulatory ECG monitors to diagnose or treat cardiac arrhythmias. Please refer to the specific Medicare Local Coverage Determination (LCD) or Commercial Insurance Coverage and Payment policy to determine actual coverage and payments for each cardiac monitoring modality. This is not a comprehensive list of all available codes, and it is possible that there are more appropriate codes for any given diagnosis or symptom.**

DOCUMENTATION REQUIREMENTS

Appropriate clinical documentation is essential to support medical necessity. Please consider the following to ensure appropriate administrative claims submission requirements are met

- Patient's specific signs and symptoms and all associated medical history
- Frequency, severity and duration of symptom occurrence; especially for palpitations
- Prior test types, dates & results (particularly previous cardiac monitoring tests)
- Rationale for the need for extended cardiac monitoring (>48 hrs), if applicable
- Rationale for the need for mobile cardiac telemetry, if applicable
- Expectations on improved diagnostic implications, patient compliance and most importantly what the expected positive test outcomes will allow regarding patient treatment and/or intervention

Atrioventricular & left bundle branch block

I44.0 Atrioventricular block, first degree
I44.1 Atrioventricular block, second degree
I44.2 Atrioventricular block, complete
I44.39 Other atrioventricular block
I44.4 Left anterior fascicular block
I44.5 Left posterior fascicular block
I44.60 Unspecified fascicular block
I44.69 Other fascicular block
I44.7 Left bundle-branch block, unspecified
I45.0 Right fascicular block
I45.19 Other right bundle-branch block
I45.2 Bifascicular block
I45.3 Trifascicular block
I45.4 Nonspecific intraventricular block

Other conduction disorders

I45.5 Other specified heart block
I45.6 Pre-excitation syndrome
I45.81 Long QT syndrome
I45.89 Other specified conduction disorders
I45.9 Conduction disorder, unspecified

Paroxysmal tachycardia

I47.0 Re-entry ventricular arrhythmia
I47.1 Supraventricular tachycardia
I47.2 Ventricular tachycardia
I47.9 Paroxysmal tachycardia, unspecified

Atrial Fibrillation & flutter

I48.0 Paroxysmal atrial fibrillation
I48.11 Longstanding persistent atrial fibrillation
I48.19 Other persistent atrial fibrillation
I48.20 Chronic atrial fibrillation, unspecified
I48.21 Permanent atrial fibrillation
I48.3 Typical atrial flutter
I48.4 Atypical atrial flutter
I48.91 Unspecified atrial fibrillation
I48.92 Unspecified atrial flutter

Other cardiac arrhythmias

I49.01 Ventricular fibrillation
I49.02 Ventricular flutter
I49.1 Atrial premature depolarization
I49.2 Junctional premature depolarization
I49.3 Ventricular premature depolarization
I49.40 Unspecified premature depolarization
I49.49 Other premature depolarization
I49.5 Sick sinus syndrome
I49.8 Other specified cardiac arrhythmias
I49.9 Cardiac arrhythmia, unspecified

Abnormalities of the heart

R00.2 Palpitations

Symptoms, signs & abnormal findings

R42 Dizziness and giddiness
R55 Syncope and collapse

Disclaimer: AliveCor provides this information to assist in understanding the administrative & billing guidelines for the ambulatory cardiac monitoring services listed. This represents no guarantee, promise or direct instruction by AliveCor Labs regarding billing, coverage or reimbursement. CMS Medicare Part B Physician Fee Schedule rates vary by geographic locality. It is the provider's responsibility to determine accurate coding, coverage, claims submission guidelines & clinical documentation requirements for provided services.

1 - The International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) is copyrighted by the World Health Organization (WHO). The National Center for Health Statistics (NCHS) has developed a clinical modification of the classification (ICD-10-CM) for morbidity purposes.

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