

CPT®* Coding Options for Holter Monitoring

Medicare 2011
Holter Fee Schedule
Code¹ Description (National Average)

93224 Wearable electrocardiographic rhythm derived monitoring for 24 hours by continuous original waveform recording and storage, with visual superimposition scanning; includes recording, scanning analysis with report, physician review and interpretation
\$107.17

*****THIS IS THE CODE THAT WILL ENCOMPASS ALL THREE PARTS OF THE PROCEDURE: THE HOOKUP, THE ANALYZING OF THE DATA & THE DOC'S INTERPRETATION*** THIS IS THE ONE TO FILE IF YOU DO EVERYTHING!!!!**

93225 recording (includes hook-up, recording, and disconnection) **\$ 29.59**

93226 microprocessor-based analysis with report **\$ 50.88**

93227 physician review and interpretation **\$ 26.70**

*****THE ABOVE THREE ARE EACH PART SPLIT OUT*****

Fee schedule as of 1/1/2011. For reference only. Information does not constitute a guarantee of coverage or payment.

¹ National Average Medicare Physician Fee Schedule Amounts: 70 Fed. Reg. 68132-68215 (2005) (to be codified at 42 CFR § 484).
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Medicare

Holter monitoring, also known as long-term ECG/EKG monitoring or dynamic electrocardiography provides a continuous record of the electrocardiographic activity of a patient's heart as he engages in daily activities. Medicare generally provides coverage for Holter monitoring for:

- Detecting and classifying various types of rhythm disturbances and waveform abnormalities, including frequency of occurrence
- Detecting transient episodes of cardiac dysrhythmia and correlating these episodes with cardiovascular symptomology
- Detecting symptoms of cardiac arrhythmia
- Assessment of patients with coronary artery disease (a standard ECG is often normal during the intervals between episodes of precordial pain, and a Holter monitor enables healthcare providers to obtain ECG information while symptoms are occurring.) Medicare guidelines state that each patient receiving a Holter monitor should be evaluated completely before the testing is initiated, including a complete history and physical examination.
- Claims submitted to Medicare for monitoring periods longer than 24 hours must be accompanied by additional documentation to justify the extended time.
- Medicare does not provide coverage for Holter monitoring for patients with an internal pacemaker unless the patient exhibits symptoms indicative of arrhythmia that is not revealed by a standard ECG or rhythm strip.

Private Payers

Holter monitoring procedures may be covered by private payers when medically necessary. Coverage guidelines and payment levels vary by payer and specific plan. Providers should contact each specific plan to determine coverage and payment for the use of Braemar Holter monitor products.

Medicaid

Holter monitoring procedures may be covered by Medicaid programs when medically necessary. Coverage guidelines and payment levels vary by Medicaid program. Providers should contact their state Medicaid program to determine coverage and payment for the use of Braemar Holter monitor products.

Other Considerations

- Include documentation in the patient's records to indicate medical necessity for a separate service, including:
 - Reason for patient encounter - Time and effort spent in performing procedure
 - Patient symptoms - Results of the Holter monitoring services provided
 - Who performs the service
- Confirm that proper ICD-9-CM diagnosis codes are reported to justify medical necessity of Holter monitoring procedure(s).
- When Holter monitoring is billed with an E/M code, modifier -25 may be indicated to identify the E/M as a significant, separately identifiable service in medically appropriate cases.
- Some payers may have specific requirements for using certain codes, including prior authorization, restricted medical diagnoses, or specialty provider types.

Be sure to confirm the requirements and specific coding, coverage, medical necessity, and reimbursement guidelines of the payer you are billing before submitting claims by reviewing your managed care contracts, consulting the *Physicians' Current Procedural Terminology, Fourth Edition (CPT-4)* or *The Federal Register*, or contacting provider services.

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