



CPT® CODING RESOURCE

Holter Monitoring & Medicare Physician Fee Schedule

Code	Description	2020 National Averages ¹	
		Facility ²	Non-Facility ³
93224	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage, includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health professional	\$92.83	\$92.83
93225	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage, recording (includes connection, recording, and disconnection)	\$26.95	\$26.95
93226	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage, scanning analysis with report	\$38.20	\$38.20
93227	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage, review and interpretation by a physician or other health care professional	\$27.67	\$27.67

Rates are subject to change. Effective 1/1/2020.

For reference only. Information does not constitute a guarantee of coverage or payment.

GENERAL

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. Reasons for Holter monitoring may include:

- 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. A Holter monitor enables healthcare providers to obtain ECG information while symptoms are occurring.

Prior to receiving a Holter monitor, a patient should be evaluated before the testing is initiated, including a complete history and physical examination.

MEDICARE

Specific indications for coverage may vary by Medicare Contractors. Providers should refer to their Medicare Contractors Local Coverage Determination policies for specific coverage and billing guidelines.

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 Welch Allyn 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 Welch Allyn Holter Monitor products.

OTHER CONSIDERATIONS

Include documentation in the patient's records to indicate medical necessity for a separate service.

- Confirm that proper ICD-10-CM diagnosis codes are reported to justify medical necessity of Holter monitoring procedure(s).
- Some payers may have specific requirements for using certain codes, including prior authorization, restricted medical diagnoses or specialty provider types.
- Because payers often determine how practices bill for additional services, it is important to validate Holter monitoring for medical necessity, including physician orders greater than 48 hours.
- When appropriate, a modifier may be reported and support documentation should be provided with the claim..

For additional questions, contact Hillrom Customer Care at 1.800.535.6663.



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hillrom.com/welchallyn/reimbursement

¹ National Average from the 2020 Centers for Medicare and Medicaid Services Physician Fee Schedule.

² Facility—Includes hospitals (inpatient, outpatient and emergency department), ambulatory surgery centers (ASCs) and skilled nursing facilities (SNFs).

³ Non-Facility—Includes all other settings.

The information contained in this document is provided for convenience only and represents no statement, promise or guarantee by Hillrom concerning coverage or levels of reimbursement. Payment will vary by geographic locality. It is always the provider's responsibility to determine accurate coding, coverage and claim information for the services that were provided.

Centers for Medicare & Medicaid Services (CMS), Medicare Program: Medicare Physician Fee Schedule for CY 2020, <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched>. Please note: Medicare fee schedule corrections and changes occur periodically.

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