

Effective Jan 1, 2026

Reimbursement Guide

(CPT & APC)

About Cardea 20/20®

Cardea 20/20® ECG is the only resting 12-lead electrocardiogram (ECG) system incorporating the International Consensus Criteria for ECG Interpretation in Athletes¹. Cardea 20/20 ECG can be used to assess sudden cardiac arrest (SCA) risk in active youth and athletes.

Cardea 20/20 ECG Indications for Use

Cardea 20/20 ECG records and measures a resting ECG from the adult and pediatric (age ≥ 14) body surface. It provides automatic ECG interpretations which are identified as "Unconfirmed" by the product until they have been over-read and confirmed by a clinician. Cardea 20/20 ECG is intended for use on apparently healthy individuals and on symptomatically stable patients with known or potential cardiac conditions. This device is intended for use under the direct supervision of a licensed health care clinician.

CPT®² and APC Codes

The following is a summary of Current Procedural Terminology (CPT) codes commonly used for various electrocardiograph procedures performed with a Cardea 20/20® ECG device. This information is provided only as a guide and is not intended to replace any official recommendations or guidelines and does not constitute a promise or guarantee by Cardiac Insight regarding coverage or payment. Always check with the specific payer for the appropriate use of any CPT or ICD-10 codes. Physician fee schedule values listed are based on the national average. Specific payments vary geographically. Codes and rates are subject to change. It is the responsibility of the provider to determine the correct coding for services provided.

| CPT Code | Procedure | Description | 2026 Non-Facility National RVU ³ | 2026 Non-Facility National Reimbursement Average | APC Category | Facility (APC) |
|-------------|-------------------|---|--|---|-----------------|-------------------|
| 93000 | Electrocardiogram | Routine ECG with at least 12 leads; with Interpretation and Report | 0.46 | \$15.44 | N/A | \$0.00 |
| 93005 | Electrocardiogram | Routine ECG with at least 12 leads; tracing only, without Interpretation and Report | 0.21 | \$7.05 | 5733 | \$60.27 |
| 93010 | Electrocardiogram | Routine ECG with at least 12 leads | 0.25 | \$8.39 | N/A | \$0.00 |

CPT Category I codes are utilized to report medically necessary diagnostic services and procedures performed by qualified healthcare professionals, including those supported by the Cardea 20/20® ECG system. These codes represent established clinical practices, encompass the use of FDA-cleared diagnostic technologies, and reflect services intended for direct patient evaluation and physician interpretation. Within hospital outpatient environments, Ambulatory Payment Classifications (APCs) apply exclusively to facility reimbursement under the prospective payment system. Cardea 20/20® is compatible with Category I CPT coding pathways in both office-based and hospital settings and is designed to support appropriate documentation of resting electrocardiographic acquisition and clinician-directed diagnostic review.

CPT Manual Instructions for Reporting Electrocardiographic Recording

- There must be a specific order for an electrocardiogram or rhythm strip followed by a separate, signed, written, and retrievable report.
- It is not appropriate to use these codes for reviewing telemetry monitor strips taken from a monitoring system.
- The need for an electrocardiogram or rhythm strip should be supported by documentation in the patient medical record.

Report proper ICD-10-CM diagnosis codes to support the medical necessity for the use of an ECG. ICD-10-CM codes and/or ranges are provided below to help with your decision process.

| ICD-10-CM | APC Category |
|----------------|---|
| Code/ Range | ICD-10-CM Description |
| R00.0-R00.9 | Abnormalities of heart beat |
| 120.0-120.9 | Angina pectoris |
| 125.10-125.119 | Atherosclerotic heart disease |
| 144.0-144.7 | Atrioventricular and left bundle-branch block |
| 146.2-146.9 | Cardiac arrest |
| R01.0-R01.2 | Cardiac murmurs and other cardiac sounds |
| 142.0-142.9 | Cardiomyopathy |
| 143 | Cardiomyopathy in diseases classified elsewhere |
| 110 | Essential (primary) hypertension |
| 196 | Gangrene, not elsewhere classified |
| 111.0-111.9 | Hypertensive heart disease |
| Z82.49 | Family history of ischemic heart disease and other diseases of the circulatory system |
| 108.0-108.9 | Multiple valve diseases |
| 125.2 | Old myocardial infarction |
| 124.0-124.9 | Other acute ischemic heart diseases |
| 149.0-149.9 | Other cardiac arrhythmias |
| 145.0-145.9 | Other conduction disorders |
| 127.0-127.9 | Other pulmonary heart diseases |
| R07.1-R07.9 | Pain in chest |
| 106.0-106.9 | Rheumatic aortic valve diseases |
| 105.0-105.9 | Rheumatic mitral valve diseases |
| 121.0-121.4 | ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction |
| 122.0-122.9 | Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction |

The ICD-10-CM is copyrighted by the World Health Organization (WHO), which owns and publishes the classification.

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Drezner JA, Sharma S, Baggish A, et al International criteria for electrocardiographic interpretation in athletes: Consensus statement British Journal of Sports Medicine 2017;51:704-731.

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³National Average from the 2026 Centers for Medicare and Medicaid Physician Fee Schedule and the Hospital Outpatient Prospective Payment Schedule. Amounts do not reflect adjustments for geographical differences.

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