

# Reimbursement Guide

## About Cardea SOLO™

Cardea SOLO is the first wearable ECG Sensor and complete in-office Software System for Long-Term Ambulatory Electrocardiographic Monitoring up to 7 days. Cardea SOLO provides clinicians with ECG waveform analysis capabilities and comprehensive patient data that can assist in cardiac arrhythmia diagnosis at the point of care.



## Cardea SOLO Indications for Use

Cardea SOLO is indicated for use on adult patients who may be asymptomatic or who may suffer from transient symptoms such as palpitations, dizziness, anxiety, fatigue, syncope, pre-syncope, light-headedness, shortness of breath or who are at risk of developing atrial fibrillation and where a software-assisted analysis of an ambulatory ECG could identify potential cardiac causes of these symptoms. It includes a prescription only, single-use, continuous ECG recorder that can be worn up to 7 days during activities of daily living.

Always refer to Cardea SOLO user documentation for important information on intended use, contraindications, technical performance specifications and detailed operating instructions.

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## ICD-10-CM Diagnosis Codes

Accurate and thorough ICD-10-CM diagnosis code(s) documentation can support medical necessity for Cardea SOLO use. Include all appropriate ICD-10 diagnosis codes and supporting clinical documentation.

Always check with your local payers and Medicare Administrative Contractor for covered ICD-10 codes, other specific requirements and policy updates.

The following ICD-10-CM codes and/or ranges may assist in the clinical decision process:

ICD-10-CM	ICD-10-CM Diagnosis Code/Range
I45.9	Conduction disorder, unspecified
I47.1	Supraventricular tachycardia
I47.2	Ventricular tachycardia
I47.9	Paroxysmal tachycardia
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
I49.1	Atrial premature depolarization
I49.01	Ventricular fibrillation
I49.02	Ventricular flutter
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
I63.9	Cerebral infarction, unspecified
R00.1	Bradycardia, unspecified
R00.2	Palpitations
R42	Dizziness and giddiness [light-headedness]
R55	Syncope and collapse
R56.01	Complex febrile convulsions

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

## CPT®† Codes

The CPT code set describes medical, surgical, and diagnostic services. It communicates uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial and analytical purposes.

Category III CPT codes are temporary codes for emerging technologies, services and procedures to enable national data collection and utilization tracking. Consult patient payors to learn more about local requirements and conditions for submission and payment.

Cardea SOLO supports reimbursement using Category III codes for long-term electrocardiographic (ECG) monitoring.

CPT Code	Description
<b>0295T Global</b>	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation The 0295T global CPT code can be used for submission when all components of work below are performed and in accordance with specific payor guidelines for reimbursement
<b>0296T</b>	Recording (includes connection and initial recording)
<b>0297T</b>	Scanning analysis with report
<b>0298T</b>	Review and interpretation

CPT 0297T “Scanning analysis with report” supports Cardea SOLO patient ECG processing, ECG download and report creation. CPT 0297T typically represents the largest value component of the long-term ECG monitoring diagnostic procedural code set and is available to the clinician practice point of care using Cardea SOLO.

Category III code reimbursement for Cardea SOLO varies nationally and is determined locally by the assigned MACs (Medicare Administrative Contractors) for their respective geographic jurisdiction(s).

NOTE: Category III codes (i.e. 0295T – 0298T) do not qualify for Medicaid coverage.

## Medical Necessity Documentation

Documenting the clinical rationale for prescribing Cardea SOLO is an important step to support the reimbursement process. The following are suggested documentation considerations for the patient record:

Documentation element	Suggested inclusion and rationale
Frequency of symptom occurrence	Intermittent symptoms – those that occur less frequently than every 48 hours – suggest need for long-term ECG monitoring
Prior tests, e.g. Holter, 12-lead ECG, etc.	Document why prior test results may be inconclusive or insufficient, and document clinical goal for Cardea SOLO information
Long-term ECG monitoring duration and rationale	Be specific that long-term (up to 7-days) continuous ECG monitoring duration is indicated, and why
‘Rule in/Rule out’ diagnoses and/or suspected diagnostic implications	Document anticipated contribution of Cardea SOLO test results to patient’s diagnosis and treatment plan
Expected level of patient compliance with long-term ECG monitoring	Document expected patient compliance capability to adhere to Cardea SOLO testing Sensor wear and care requirements

## Clinical Documentation Using Cardea SOLO Analysis and Reporting Software

In addition to the required patient demographics, include information about Cardea SOLO test indications, findings and implications for the patient’s diagnosis and treatment plan:

Cardea SOLO Software Documentation	Approach
Patient Demographic, Primary Indication and Patient Diary log sections	Complete these fields to inform and enrich the patient’s clinical picture. Include any patient-reported events or symptoms experienced during testing
Narrative Findings freeform text box section	Include relevant clinician comments in addition to modifying and confirming content prior to clinician sign-off of Cardea SOLO report