CARDEA SOLO™

*Effective January 1, 2023*

# 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.



CARDIAC INSIGHT

## 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.

CPT Category I codes are used for reporting devices and drugs (including vaccines) required for the performance of a service or procedure, services or procedures performed by physicians and other health care providers, services or procedures performed intended for clinical use, services or procedures performed according to current medical practice, and services or procedures that meet CPT requirements.

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

| Code | Description | 2023 National RVU |
|---|---|---|
| **93241 (Global)** | External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation | 7.89 |
| **93242** | Recording (includes connection) | 0.36 |
| **93243** | Scanning analysis with report | 6.84 |
| **93244** | Review and interpretation | 0.69 |

**(Do Not Report 93241 in conjunction with 93242-93244)**

## 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 |


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