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, presyncope, 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.

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
145.9	Conduction disorder, unspecified
147.1	Supraventricular tachycardia
147.2	Ventricular tachycardia
147.9	Paroxysmal tachycardia
148	Paroxysmal atrial fibrillation
148.11	Longstanding persistent atrial fibrillation
148.19	Other, persistent atrial fibrillation
148.20	Chronic atrial fibrillation, unspecified
148.21	Permanent atrial fibrillation
148.3	Typical atrial flutter
148.4	Atypical atrial flutter
148.91	Unspecified atrial fibrillation
148.92	Unspecified atrial flutter
149.1	Atrial premature depolarization
149.01	Ventricular fibrillation
149.02	Ventricular flutter
149.3	Ventricular premature depolarization
149.40	Unspecified premature depolarization
149.49	Other premature depolarization
149.5	Sick sinus syndrome
149.8	Other specified cardiac arrhythmias
149.9	Cardiac arrhythmia, unspecified
163.9	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

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

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