CARDEA SOLO™

Effective January 1, 2023

Reimbursement Guide

About Cardea SOLO™

Cardea SOLO is a wearable single-use ECG Sensor and Software System for Short-Term (up to 48 hours) or Long-Term (up to 7 days) Electrocardiographic Monitoring. 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.

[1]CMS-1772-F, Medicare Physician Fee Schedule for CY 2023

[2]National Average from the 2023 Centers for Medicare and Medicaid Physician Fee Schedule and the Hospital Outpatient Prospective Payment Schedule. Amounts do not reflect adjustments for geographical differences.

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.

CARDIAC INSIGHT

CPT®† and APC 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.

APCs are an outpatient prospective payment system applicable only to hospitals.

Cardea SOLO supports reimbursement using Category I codes in both the in-office and hospital setting and for short- and long-term external electrocardiographic (ECG) monitoring needs.

Continuous Short-Term ECG Monitoring Up to 48 Hours (e.g., Holter Monitoring)			2023 National Unadjusted Averages[2]	
CPT Code	**APC Category**	**Description**	**RVUs (CPT)**	**Facility (APC)**
93224 (Global)	**N/A**	External electrocardiographic recording for **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 care professional	2.17	
93225	**5734**	Recording (includes connection, recording and disconnection)	0.55	$116.11
93226	**5734**	Scanning analysis with report	1.08	$116.11
93227	**N/A**	Review and interpretation	0.54	

Continuous Long-Term ECG Monitoring More Than 48 Hours Up to 7 Days			2023 National Unadjusted Averages[2]	
CPT Code	**APC Category**	**Description**	**RVUs (CPT)**	**Facility (APC)**
93241 (Global)	**N/A**	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 by a physician or other qualified health care professional	7.89	
93242	**5732**	Recording (includes connection, recording, and disconnection)	0.36	$33.96
93243	**5734**	Scanning analysis with report	6.84	$116.11
93244	**N/A**	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	Patient's relevant symptoms and pertinent medical history
Prior tests results	Document why prior test results may be inconclusive or insufficient, particularly any previous cardiac monitoring tests
Rationale for long-term monitoring if > 48 hours	Document if applicable and indicated
'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 short- and 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 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

Cardiac Insight Inc. • 2375 130th Avenue NE, Suite 101, Bellevue, WA 98005 • 866-554-3751
cardiacinsightinc.com • info@cardiacinsightinc.com

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