

# **Reimbursement Guide**

#### About Cardea 20/20 ECG™

Cardea 20/20 ECG is the only resting 12-lead electrocardiogram (ECG) system incorporating the International Consensus Criteria for ECG Interpretation in Athletes<sup>1</sup>. 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  $\geq$  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<sup>®2</sup> 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<sup>™</sup> 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	2024 Non-Facility National RVU <sup>3</sup>	2024 Non-Facility National Reimbursement Average
93000	Electrocardiogram	Routine ECG with at least 12 leads; with Interpretation and Report	0.43	\$14.08
93005	Electrocardiogram	Routine ECG with at least 12 leads; tracing only, without Interpretation and Report	0.19	\$6.22
93010	Electrocardiogram	Routine ECG with at least 12 leads	0.24	\$7.86

### 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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<sup>1</sup>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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<sup>3</sup>National Average from the 2024 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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