



# Coding for Ambulatory Cardiac Monitoring

## CPT® Codes for Mobile Cardiac Telemetry (MCT)

CPT Code*	Description	Claim Submission
93228	External mobile cardiovascular recording; review and interpretation with report by a physician or other qualified health care professional	Physician
93229	External mobile cardiovascular, technical support, monitoring and analysis	ZOLL

## CPT Codes for Extended Holter (Extended Ambulatory Monitoring)

External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage:

CPT Code*	Description	Claim Submission
0296T	Recording (includes connection and initial recording)	Physician
0297T	Scanning analysis with report	ZOLL
0298T	Review and interpretation	Physician

## CPT Codes for Cardiac Event Monitoring (CEM)

CPT Code*	Description	Claim Submission
93270	ECG recording (Device hook up, if done in office)	Physician
93271	ECG/monitoring and analysis ("Technical")	ZOLL
93272	ECG/review, interpret only ("Professional" or "Interpretation")	Physician

## Additional Information

For more information, contact ZOLL at [1-888-592-3798](tel:1-888-592-3798) or [CardiacDiagnostics@zoll.com](mailto:CardiacDiagnostics@zoll.com)

\*These examples are not exhaustive or appropriate in all cases. It is the billing provider's responsibility to select and submit appropriate codes for billing.

### Disclaimer

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## About Mobile Cardiac Telemetry (MCT)

Real-time, outpatient cardiac telemetry involves the use of an automatically activated system that requires no patient intervention to capture or transmit a dysrhythmia when it occurs. The purpose of this service is for real-time, continuous, long term (> 24 hours) cardiac surveillance of patients in order to identify and document a suspected and/or paroxysmal dysrhythmia.

The following uses of real-time, outpatient cardiac telemetry are considered medically reasonable and necessary:

- Detection, characterization and documentation of symptomatic transient or paroxysmal dysrhythmia when the frequency of the symptoms is limited and the use of a 24-hour ambulatory ECG is documented in the medical record to be unlikely to capture and record the dysrhythmia
- Other testing and/or monitoring/recording/telemetry has been unrevealing
  - Ordering physician must document the prior testing performed and the results
  - Information must be maintained in the patient's medical record and be available upon request
- Prolonged monitoring is required specifically to ensure the absence of atrial fibrillation prior to the discontinuation of anticoagulation therapy

## About Extended Holter (Extended Ambulatory Monitoring)

External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage, may be considered medically necessary in patients

- To monitor for asymptomatic episodes in order to evaluate treatment response
- As a diagnostic alternative to Holter monitoring in patients who experience infrequent symptoms (less frequently than every 48 hours) suggestive of cardiac arrhythmias (i.e., palpitations, dizziness, presyncope, or syncope)

## About Cardiac Event Monitoring (CEM)

Cardiac Event Detection involves the use of a long-term monitor by patients to document a suspected or paroxysmal dysrhythmia. Following the recording of events, the patient transmits data via telephone to a physician's office or a specified station that is equipped and staffed to assess ECG data and to initiate appropriate management action. The device must be patient-activated.

The covered indications are:

- To detect, characterize and document symptomatic transient arrhythmias
- To aid in regulating anti-arrhythmic drug dosage
- To aid in the search for the cause of unexplained syncope, dizziness or giddiness

The following clinical scenarios are consistent with the covered indications:

- To detect the presence of symptomatic transient arrhythmias
  - Used when the frequency of the symptom would make a 24-hour ambulatory ECG monitor (e.g., Holter), or even lengthier, but still intermediate monitor (e.g., up to 14-days), not useful in documenting the rhythm
- To monitor for the purpose of regulating anti-arrhythmic drug dosages
- To monitor patients who have had surgical or ablative procedures for arrhythmias

