

# Welch Allyn Holter Monitor

## 2010 REIMBURSEMENT INFORMATION



## CPT® CODING OPTIONS FOR HOLTER MONITORING AND MEDICARE FEE SCHEDULE

Code	Description	National Average <sup>1</sup>	Alabama	San Francisco
93230	Wearable electrocardiographic rhythm derived monitoring for 24 hours by continuous original waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; includes recording, microprocessor-based analysis with report, physician review and interpretation	\$107.17	\$93.45	\$146.15
93231	Recording (includes connection, recording, and disconnection)	\$29.59	\$25.11	\$42.27
93232	Microprocessor-based analysis with report	\$50.88	\$43.27	\$72.95
93233	Physician review and interpretation	\$26.70	\$25.07	\$30.94

Fee schedule as of 1/1/2010.  
For reference only. Information does not constitute a guarantee of coverage or payment.

<sup>1</sup> National Average Medicare Physician Fee Schedule Amounts: 70 Fed. Reg. 68132-68215 (2005) (to be codified at 42 CFR § 484).

\* Current Procedural Terminology (CPT®) copyright 2009 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association.

**MEDICARE** Holter monitoring, also known as long-term ECG/EKG monitoring or dynamic electrocardiography, provides a continuous record of the electrocardiographic activity of a patient's heart as he engages in daily activities. Medicare generally provides coverage for Holter monitoring for:

- Detecting and classifying various types of rhythm disturbances and waveform abnormalities, including frequency of occurrence
- Detecting transient episodes of cardiac dysrhythmia and correlating these episodes with cardiovascular symptomology
- Detecting symptoms of cardiac arrhythmia
- Assessment of patients with coronary artery disease. A standard ECG is often normal during the intervals between episodes of precordial pain. A Holter monitor enables healthcare providers to obtain ECG information while symptoms are occurring.

In addition to the above criteria, ABPM must be performed for a period of at least 24 hours to be eligible for Medicare reimbursement.

**WelchAllyn®**

Advancing Frontline Care™

Medicare guidelines state that each patient receiving a Holter monitor should be evaluated completely before the testing is initiated, including a complete history and physical examination.

- Claims submitted to Medicare for monitoring periods longer than 24 hours must be accompanied by additional documentation to justify the extended time period.
- Medicare does not provide coverage for Holter monitoring for patients with an internal pacemaker unless the patient exhibits symptoms indicative of arrhythmia that is not revealed by a standard ECG or rhythm strip.

## PRIVATE PAYERS

Holter monitoring procedures may be covered by private payers when medically necessary. Coverage guidelines and payment levels vary by payer and specific plan. Providers should contact each specific plan to determine coverage and payment for the use of Welch Allyn Holter Monitor products or call the Customer Care Line for assistance.

## MEDICAID

Holter monitoring procedures may be covered by Medicaid programs when medically necessary. Coverage guidelines and payment levels vary by Medicaid program. Providers should contact their state Medicaid program to determine coverage and payment for the use of Welch Allyn Holter Monitor products or call the Customer Care Line for assistance.

## OTHER CONSIDERATIONS

- Include documentation in the patient's records to indicate medical necessity for a separate service, including:
  - Reason for patient encounter
  - Patient symptoms
  - Who performs the service
  - Time and effort spent in performing procedure
  - Results of the Holter services provided
- Confirm that proper ICD-9-CM diagnosis codes are reported to justify medical necessity of Holter monitoring procedure(s).
- When Holter monitoring is billed with an E/M code, modifier -25 may be indicated to identify the E/M as a significant, separately identifiable service in medically appropriate cases.
- Some payers may have specific requirements for using certain codes, including prior authorization, restricted medical diagnoses, or specialty provider types.

Be sure to confirm the requirements and specific coding, coverage, medical necessity, and reimbursement guidelines of the payer you are billing before submitting claims by reviewing your managed care contracts, consulting the *Physicians' Current Procedural Terminology, Fourth Edition (CPT-4)* or *The Federal Register*, or contacting provider services.

Please visit our website at [welchallyn.com/support/customer/service-guarantee.htm](http://welchallyn.com/support/customer/service-guarantee.htm) for additional reimbursement support, a list of frequently asked questions and brochures.

Contact the Welch Allyn Customer Care Line at 1.800.535.6663

Monday through Friday, 9 AM to 5 PM EST for current physician fee schedules for your specific location.

\*CPT is a registered trademark of the American Medical Association

CPT Codes © 2009 American Medical Association. All rights reserved. CPT is a trademark of the AMA. No fee schedules, basic units, relative values or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to Government use.

**For reference only. Information does not constitute a guarantee of coverage or payment.**

**WelchAllyn®**

Advancing Frontline Care™