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. Reasons for Holter monitoring may include:

- 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.

Prior to receiving a Holter monitor, a patient should be evaluated before the testing is initiated, including a complete history and physical examination.
**MEDICARE**
Specific indications for coverage may vary by Medicare Contractors. Providers should refer to their Medicare Contractors Local Coverage Determination policies for specific coverage and billing guidelines.

**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.

**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.

**OTHER CONSIDERATIONS**
- Include documentation in the patient’s records to indicate medical necessity for a separate service.
- Confirm that proper ICD-10-CM diagnosis codes are reported to justify medical necessity of Holter monitoring procedure(s).
- Some payers may have specific requirements for using certain codes, including prior authorization, restricted medical diagnoses or specialty provider types.
- Because payers often determine how practices bill for additional services, it is important to validate Holter monitoring for medical necessity, including physician orders greater than 48 hours.
- When appropriate, a modifier may be reported and support documentation should be provided with the claim.

The information contained in this document is provided for convenience only and represents no statement, promise or guarantee by Welch Allyn concerning coverage or levels of reimbursement. Payment will vary by geographic locality. It is always the provider’s responsibility to determine coding, coverage and claim information for the services that were provided.

Please visit our website at welchallyn.com/en/products/care-settings/primary-care-and-clinics/reimbursement.html for additional reimbursement support, a list of frequently asked questions and brochures.

For additional questions, please contact the Welch Allyn Customer Care Line at 1.800.535.6663.


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