



External Cardiac Monitoring

2024 Coding & Payment Quick Reference

Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

The table below contains a list of possible CPT® / HCPCS codes that may be used to bill for External Cardiovascular Monitoring Services. Providers should select the most appropriate code(s) and modifier(s) with the highest level of detail to describe the service(s) actually rendered. For more information on external cardiac monitoring coding, billing and business model information use the **External Cardiac Monitoring Coding and Billing Guide** and **Purchased Services FAQ** resources. Technical rates include the local rates for CDx IDTF locations in Texas and California.

Mobile Cardiac Telemetry		
CPT/HCPCS Code	Code Type	Code Description
93228	Professional	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional
93229	Technical	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional
Cardiac Event Monitoring		
CPT/HCPCS Code	Code Type	Code Description
93268	Global	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional
93270	Technical	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)
93271	Technical	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis
93272	Professional	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional



Holter Monitoring (Code One Appropriate Category Based on Length of Monitoring)

CPT/HCPCS Code	Code Type	Code Description
Holter Monitoring up to 48 hours continuous recording		
93224	Global	External electrocardiographic recording 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
93225	Technical	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)
93226	Technical	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report
93227	Professional	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional
Holter monitoring long-term continuous recording greater than 48 hours and up to 7 days		
93241	Global	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
93242	Technical	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)
93243	Technical	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report
93244	Professional	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation
Holter monitoring long-term continuous recording greater than 7 days up to 15 days		
93245	Global	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review, and interpretation
93246	Technical	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)
93247	Technical	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report
93248	Professional	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review, and interpretation



Physician Payment – Medicare

Physician claims must contain the appropriate CPT/HCPCS code(s) to indicate the items and services that are furnished. The table below contains a list of possible CPT/HCPCS codes that may be used to bill for External Cardiovascular Monitoring Services. Providers should select the most appropriate code(s) and modifier(s) with the highest level of detail to describe the service(s) actually rendered.

Rates shown are 2024 Medicare national average and rates for Houston, TX and Santa Clara Medicare localities where CDx IDTF technical services take place; actual rates will vary geographically and/or by individual facility and IDTF location. Consult the Medicare External Monitoring Payment Rate tool for specific locality rates.

CPT Code / HCPCS Code	Short Description	Work RVUs	Total Office RVUs	Total Facility RVUs	National Average Medicare Rate	CA IDTF Location (Noridian)	TX IDTF Location (Novitas)
Mobile Cardiac Telemetry							
93228	Professional component only- review and interpretation with report by a physician or other qualified health care professional	0.48	0.74	0.74	\$24.63	\$28.98	\$25.29
93229	Technical component only- technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	0.00	24.42	N/A	\$812.88	\$1163.44	\$816.54
Cardiac Event Monitoring							
93268	Global Only -24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional	0.52	5.25	N/A	\$174.76	\$243.63	\$176.01
93270	Technical component only -recording (includes connection, recording, and disconnection)	0.00	0.25	N/A	\$8.32	\$11.60	\$8.48
93271	Technical component only -transmission and analysis	0.00	4.29	N/A	\$142.80	\$204.58	\$143.37
93272	Professional component only -review and interpretation by a physician or other qualified health care professional	0.52	0.71	0.71	\$23.63	\$27.44	\$24.17
Holter monitoring up to 48 hours continuous recording							
93224	Global only - includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	0.39	2.16	N/A	\$71.90	\$97.82	\$72.66
93225	Technical component only -recording (includes connection, recording, and disconnection)	0.00	0.55	N/A	\$18.31	\$25.93	\$18.50
93226	Technical component only -scanning analysis with report	0.00	1.07	N/A	\$35.62	\$50.77	\$35.86
93227	Professional component only - review and interpretation by a physician or other qualified health care professional	0.39	0.54	0.54	\$17.98	\$21.11	\$18.31



CPT Code / HCPCS Code	Short Description	Work RVUs	Total Office RVUs	Total Facility RVUs	National Average Medicare Rate	CA IDTF Location (Noridian)	TX IDTF Location (Novitas)
Holter monitoring long-term continuous recording greater than 48 hours and up to 7 days							
93241	Global only -includes recording, scanning analysis with report, review, and interpretation	0.50	7.75	N/A	\$257.98	\$363.27	\$259.48
93242	Technical component only -recording (includes connection and initial recording)	0.00	0.36	N/A	\$11.98	\$16.86	\$12.15
93243	Technical component only - scanning analysis with report	0.00	6.71	N/A	\$223.36	\$320.18	\$224.16
93244	Professional component only - review and interpretation	0.50	0.68	0.68	\$22.64	\$26.23	\$23.16
Holter monitoring long-term continuous recording greater than 7 days up to 15 days							
93245	Global only -includes recording, scanning analysis with report, review and interpretation	0.55	8.15	N/A	\$271.29	\$381.82	\$272.85
93246	Technical component only - recording (includes connection and initial recording)	0.00	0.36	N/A	\$11.98	\$16.86	\$12.15
93247	Technical component only - scanning analysis with report	0.00	7.04	N/A	\$234.34	\$335.95	\$235.18
93248	Professional component only - review and interpretation	0.55	0.75	0.75	\$24.97	\$29.02	\$25.51

"N/A" indicates that Medicare has not deemed this procedure to be reimbursable in this setting.

Global Only Codes-- Global Only Codes--This indicator identifies stand-alone codes that describe selected diagnostic tests for which there are associated codes that describe (a) the professional component of the test only, and (b) the technical component of the test only. The total RVUs for global procedure only codes include values for physician work, practice expense, and malpractice expense.

Professional Component Only Codes--This indicator identifies stand-alone codes that describe the physician work portion of selected diagnostic tests for which there is an associated code that describes the technical component of the diagnostic test only and another associated code that describes the global test. The total RVUs for professional component only codes include values for physician work, practice expense, and malpractice expense.

Technical Component Only Codes--This indicator identifies stand- alone codes that describe the technical component (i.e., staff and equipment costs) of selected diagnostic tests for which there is an associated code that describes the professional component of the diagnostic test only. The total RVUs for technical component only codes include values for practice expense and malpractice expense only.



Hospital Outpatient Payment – Medicare

Hospital outpatient claims must contain the appropriate CPT/HCPCS code(s) to indicate the items and services that are furnished. The table below contains a list of possible CPT/HCPCS codes that may be used to bill for External Cardiovascular Monitoring Services. Providers should select the most appropriate code(s) with the highest level of detail to describe the service(s) actually rendered.

All rates shown are 2024 Medicare national averages; actual rates will vary geographically and/or by individual facility.

CPT/HCPCS Code	Short Description	APC	Hospital Outpatient Rate
Mobile Cardiac Telemetry			
93228	Professional component only- review and interpretation with report by a physician or other qualified health care professional (Professional component only)	N/A	N/A
93229	Technical component only- technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional (Technical component only)	5721	\$148.98
Cardiac Event Monitoring			
93268	Global Only -24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional-	N/A	N/A
93270	Technical component only -recording (includes connection, recording, and disconnection)	5741	\$35.98
93271	Technical component only -transmission and analysis	5742	\$92.35
93272	Professional component only -review and interpretation by a physician or other qualified health care professional	N/A	N/A
Holter monitoring up to 48 hours continuous recording			
93224	Global only -includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	N/A	N/A
93225	Technical component only -recording (includes connection, recording, and disconnection)	5734	\$116.11
93226	Technical component only -scanning analysis with report	5734	\$116.11
93227	Professional component only - review and interpretation by a physician or other qualified health care professional	N/A	N/A
Holter monitoring long-term continuous recording greater than 48 hours and up to 7 days			
93241	Global only -includes recording, scanning analysis with report, review and interpretation	N/A	N/A
93242	Technical component only -recording (includes connection and initial recording)	5733	\$57.48
93243	Technical component only - scanning analysis with report	5734	\$116.11
93244	Professional component only - review and interpretation	N/A	N/A
Holter monitoring long-term continuous recording greater than 7 days up to 15 days			
93245	Global only - includes recording, scanning analysis with report, review and interpretation	N/A	N/A
93246	Technical component only - recording (includes connection and initial recording)	5733	\$58.34
93247	Technical component only - scanning analysis with report	5734	\$121.84
93248	Professional component only - review and interpretation	N/A	N/A

Coding Resources for Rhythm Management:



<http://www.bostonscientific.com/en-US/reimbursement/rhythm-management.html>

Reimbursement Help Desk:

CRM.Reimbursement@bsci.com

Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules, and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services, and to submit appropriate codes, charges, and modifiers for services rendered. It is also always the provider's responsibility to understand and comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD), and any other coverage requirements established by relevant payers which can be updated frequently. Boston Scientific recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters. Boston Scientific does not promote the use of its products outside their FDA approved label.

Information included herein is current as of January 2023 but is subject to change without notice. Rates for services are effective January 1, 2023.

Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

This coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgement of the HCP.

References

1. CMS. CY2024 Physician Fee Schedule, Final Rule. CMS-1784-F
2. CMS. CY2024 Hospital Outpatient Prospective Payment System, Final Rule: CMS-1786-FC, Addenda A, Addenda AA
3. CMS. FY2024 Hospital Inpatient Prospective Payment System, CMS-1785-F

Sequestration Disclaimer

Rates referenced in these guides do not reflect Sequestration, automatic reductions in federal spending that will result in a 2% across-the-board reduction to ALL Medicare rates as of January 1, 2024.

CPT® Disclaimer

Current Procedural Terminology (CPT) Copyright 2023 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions apply to government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

All trademarks are the property of their respective owners. Copyright 2024 by Boston Scientific Corporation or its affiliates.