



External Cardiac Monitoring Services

2023 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.

Mobile Cardiac Telemetry	
CPT/HCPCS Code	Code Description
93228	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	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 Description
93268	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	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	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	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

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Holter Monitoring (Code One Appropriate Category Based on Length of Monitoring)	
CPT/HCPCS Code	Code Description
Holter Monitoring up to 48 hours continuous recording	
93224	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	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)
93226	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report
93227	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	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	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	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report
93244	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	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	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	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report
93248	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.

All rates shown are 2023 Medicare national averages; 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 / HCPCS Code	Short Description	Work RVUs	Total Office RVUs	Total Facility RVUs	Office Rate	Facility Rate
Mobile Cardiac Telemetry						
93228	Professional component only- review and interpretation with report by a physician or other qualified health care professional	0.48	0.75	0.75	\$25.42	\$25.42
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	26.35	N/A	\$849.55	N/A
Cardiac Event Monitor						
93268	Global Only -24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional	0.52	5.47	N/A	\$180.62	N/A
93270	Technical component only -recording (includes connection, recording, and disconnection)	0.00	0.25	N/A	\$8.47	N/A
93271	Technical component only -transmission and analysis	0.00	4.50	N/A	\$148.09	N/A
93272	Professional component only -review and interpretation by a physician or other qualified health care professional	0.52	0.72	0.72	\$24.06	\$24.06
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	2.23	N/A	\$73.54	N/A
93225	Technical component only -recording (includes connection, recording, and disconnection)	0.00	0.57	N/A	\$18.64	N/A
93226	Technical component only -scanning analysis with report	0.00	1.12	N/A	\$36.60	N/A
93227	Professional component only - review and interpretation by a physician or other qualified health care professional	0.39	0.54	0.54	\$18.30	\$18.30
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	0.00	0.00	\$267.37	N/A
93242	Technical component only -recording (includes connection and initial recording)	0.00	0.42	N/A	\$12.20	N/A
93243	Technical component only - scanning analysis with report	0.00	0.00	0.00	\$231.79	N/A
93244	Professional component only - review and interpretation	0.50	0.69	0.69	\$23.38	\$23.38

CPT / HCPCS Code	Short Description	Work RVUs	Total Office RVUs	Total Facility RVUs	Office Rate	Facility Rate
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	0.00	0.00	0.00	\$281.94	N/A
93246	Technical component only - recording (includes connection and initial recording)	0.00	0.42	N/A	\$12.20	N/A
93247	Technical component only - scanning analysis with report	0.00	0.00	0.00	\$243.99	N/A
93248	Professional component only - review and interpretation	0.55	0.76	0.7	\$25.75	\$25.75

"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 2023 Medicare national averages; actual rates will vary geographically and/or by individual facility.

Hospitals May Own & Operate an IDTF and Bill as IDTF Provider Type

- “HOPD diagnostic facility” means a hospital- or provider-based diagnostic testing facility furnishing diagnostic testing services to registered hospital outpatients.
- Although an IDTF is independent of a physician office and a hospital, a hospital operating entity or other provider or supplier entity may own and operate an IDTF. However, an IDTF wholly-owned or operated by a hospital is subject to the seventy-two (72) hour DRG window rule. Further, because of the hospital outpatient bundling rule, an IDTF cannot separately bill for a service ordered by a physician for a registered hospital outpatient pursuant to an encounter with the patient in the hospital. 42 C.F.R. § 410.42(a). Finally, the hospital must carve out any costs incurred in the operation of the IDTF from the reimbursable cost centers on its cost report.^{3,4}

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	\$145.43
Cardiac Event Monitor			
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	\$35.00
93271	Technical component only -transmission and analysis	5742	\$99.81
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

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CPT / HCPCS Code	Short Description	APC	Hospital Outpatient Rate
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	\$57.48
93247	Technical component only - scanning analysis with report	5734	\$116.11
93248	Professional component only - review and interpretation	N/A	N/A

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

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If technical services are purchased, special rules apply for the Medicare Anti-Markup Rule. Please refer to Purchased Service FAQ for specific details. The Anti-Markup Rule statutory prohibition may apply when a diagnostic service payable under the Medicare Physician Fee Schedule is performed by one physician/supplier and billed by another physician/supplier. For private, commercial payer plans, including Medicare Advantage, we recommend consulting directly with the plan to determine policy and contractual limitations. It is the customer responsibility to appropriately code and bill for services in compliance with the purchased service billing guidelines, as reflected in the customer contractual agreements.

BSC CDx and Boston Scientific Corporation recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters.

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

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References

1. CMS. CY2023 Physician Fee Schedule, Final Rule. CMS-1770-F
2. CMS. CY2023 Hospital Outpatient Prospective Payment System, Final Rule: CMS-1772-FC, Addenda A, Addenda AA
3. 42 C.F.R. § 413.24(d)(7).
4. Program Memorandum B-00-44 (August 30, 2000).

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, 2023.

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