



Nasiff Reimbursement Support

1.315.676.2346 or 1.866.627.4332 Monday through Friday, 9 AM to 5 PM Eastern Time

CPT® Coding for Resting ECG

Code	Description	Average*
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	\$ 17.00
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	\$ 10.00
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	\$ 7.00

CPT® Coding for Stress ECG

Code	Description	Average*
93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision; with interpretation and report	\$ 103.00
93016	Physician supervision only; without interpretation and report	\$ 25.00
93017	Tracing only, without interpretation and report	\$ 61.00
93018	Interpretation and report only	\$ 17.00

NEW CPT® Coding for Holter ECG**

Code	Description	Average*
93224♦	Wearable electrocardiographic rhythm derived monitoring for 24 hours of 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 <i>(for less than 12 hours of continuous recording, use modifier 52)</i>	\$ 108.00
93225♦	Recording <i>(includes connection, recording and disconnection)</i>	\$ 32.00
93226♦	Scanning analysis with report	\$ 55.00
93227♦	Physician review and interpretation	\$ 21.00

*Average Medicare Physician Fee Schedule Amounts (rounded out) For reference only, information does not constitute a guarantee of coverage or payment

**Discontinued Codes: 93230; 93231; 93232; 93233

♦May see a 4%-5% reimbursement increase in some areas

ECG monitoring, Cardiovascular stress testing and Holter monitoring are generally covered by Medicare and may be covered by private payers and Medicaid programs. Include documentation in the patient's records to indicate medical necessity for a separate service, including:

- Reason for patient encounter
- Patient symptoms
- Who performs service
- Time and effort spent in performing procedure
- Results of the ECG or Holter services provided

