



AMERICAN
COLLEGE *of*
CARDIOLOGY



Wednesday, February 17, 2021

Novitas Solutions
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RE: New Long-Term Continuous Electrocardiogram (ECG) Monitoring Codes

The American College of Cardiology (ACC) and Heart Rhythm Society (HRS) are submitting comments on Novitas' recent decisions regarding rate setting for new CPT codes 93241-93248. The ACC envisions a world where innovation and knowledge optimize cardiovascular care and outcomes. As the professional home for the entire cardiovascular care team, the mission of the College and its more than 54,000 members is to transform cardiovascular care and to improve heart health. The ACC bestows credentials upon cardiovascular professionals who meet stringent qualifications and leads in the formation of health policy, standards and guidelines. The College also provides professional medical education, disseminates cardiovascular research through its world-renowned JACC Journals, operates national registries to measure and improve care and offers cardiovascular accreditation to hospitals and institutions. For more, visit acc.org. The HRS is the international leader in science, education and advocacy for cardiac arrhythmia professionals and patients, and the primary information resource on heart rhythm disorders. Its mission is to improve the care of patients by promoting research, education, and optimal health care policies and standards. HRS represents more than 7,100 specialists in cardiac pacing and electrophysiology, consisting of physicians, scientists, and allied professionals. Electrophysiology is a distinct specialty of cardiology, with eligibility for board certification in clinical cardiac electrophysiology through the American Board of Internal Medicine, as well as certification in cardiology. The ACC and HRS partner to support the development of and updates to Medicare policies relevant to cardiac and heart rhythm care.

Our comments will focus on the decision to set the reimbursement rate for new CPT codes 93241, 93243, 93245, and 93247, which apply to the technical component of the long-term continuous electrocardiogram (ECG) monitoring, equal to that of traditional 48-hour Holter monitoring services.

Holter Monitoring Services vs. Long Term Continuous ECG Monitoring

CPT Codes for Holter monitoring services (CPT codes 93224-93227) are intended for use of **up to 48 hours** of continuous recording. The work for external electrocardiographic recording begins when the technician sets up the patient with the monitor, explains how to use the monitor and educates the patient on how to use the accompanying diary. The patient is instructed to return to the office 24-48 hours later to remove the device. This is the technical component

described in 93225. Upon return, the technician scans the data, tabulates the frequencies of arrhythmias, noting any abnormalities, and creates a preliminary report for the physician to review. This is another technical code with this component described by 93226. The work captured in CPT code 93227 includes the physician reviewing the logged diaries, preliminary report and providing the final interpretation and report. If all components are provided by a single practice, comprehensive code 93224 is reported.

Long term continuous ECG monitoring captured by new CPT codes 93241-48 applies to external electrocardiographic recording for more than 48 hours **up to 7 or 15 days**. The societies believe **setting a reimbursement rate equal to or lower than the Holter monitoring services is an inaccurate reflection of the components captured by the new codes.**

The technology for this external electrocardiographic recording is quite different than the Holter monitor. For these longer recording devices, the patient wears one small patch with two electrodes. The device is placed by the technician in the physician office and the patient is educated on the use of the device and the log diary. This would either be coded as 93242 or 93246, depending on the wear time. However, the patient does not return to the physician office to have the device removed. Rather, the device is returned directly to the device manufacturer who then scans it. The Independent Diagnostic Testing Facility (IDTF) has technicians who scan the data and create a preliminary report that is sent to the physician under code 93243 or 93247. **The technician clinical staff work is not included in the professional component only code, CPT codes 93244 or 93248.** The physician work captured in CPT code 93244 and 93248 includes the physician reviewing the preliminary report and interpreting a final report.

CPT code 93242 is performed by an electrodiagnostic technologist to obtain the recording and is typically provided in a physician's office and CPT code 93243 is performed by both an electrodiagnostic technologist and a cardiovascular technician to provide the scanning analysis with report and is typically performed in an IDTF. Although the new supply, ECG patch, is applied by clinical staff in the office, it is typically provided by the IDTF to the practice rather than purchased by the practice itself. For any rare rhythm clinics that report globally, the patch would be included in CPT code 93241.

Similarly, CPT code 93246 is performed by an electrodiagnostic technologist to obtain the recording and is typically provided in a physician's office and 93247 is performed by both an electrodiagnostic technologist and a cardiovascular technician to provide the scanning analysis with report and is typically performed in an IDTF. Although the new supply, ECG patch, is applied by clinical staff in the office, it is typically provided by the IDTF to the practice rather than purchased by the practice. For rhythm clinics that report globally, the patch would be included in CPT code 93245. The clinical staff work involved in applying the patch in 93246 includes the following: The patch is registered in the system and synced. Staff attach the device by applying adhesive patches after skin preparation that includes abrading the skin and cleaning of adhesive patch sites with alcohol pads and waiting for those areas to thoroughly dry. The device is activated and validated. After data analysis, the staff generates a report and completes a quality verification before report release.

Further detailed information about the code family, descriptions of clinical staff work for practice expense, and pricing of new supply code SD339 starts on page 1792 of the AMA/Specialty Society Relative Value Scale Update Committee's (RUC's) recommendations, available here. <https://www.ama-assn.org/system/files/2020-11/feb-2020-ruc-recommendations.pdf>.

Clinical Value of Technology

The benefits of long-term continuous ECG monitoring are abundant, as shown in the selection of literature that follows. One study shows that long-term continuous monitoring results in higher, more accurate cardiac arrhythmia rates compared to short-duration cardiac recordings.¹ Patients also benefit from this technology when faced with paroxysmal tachycardia, atrial fibrillation (AF) and flutter, other cardiac arrhythmias and abnormalities of the heart. To further elaborate on this point, another study shows that early identification of AF allows for the initiation of appropriate therapies to prevent the adverse health outcomes associated with AF.² Additionally, when taking into account diagnostic capability and patient comfort, long term continuous ECG monitoring also demonstrated advantages. While Holter monitors have been the mainstay of clinical practice, they are challenging to wear, and P-wave signal quality is frequently inadequate. The P wave and PR segment are an integral part of an ECG and signal quality is of utmost importance for patient diagnosis. A study showed, a single-channel ambulatory patch ECG monitor, designed specifically to ensure that the P-wave component of the ECG be visible, resulted in a significantly improved rhythm diagnosis and avoided inaccurate diagnoses made by the standard 3-channel Holter monitor.³

Set Reimbursement Rates

Given the differences provided in the detailed paragraphs above, the ACC and HRS urge Novitas to reconsider the reimbursement rates set for long term continuous ECG monitoring. Due to the fact that the scanning analysis codes (93243 and 93247) are currently reported by IDTFs directly to Medicare and the patch is provided and not purchased by the physician practice for the recording codes (93242 and 93246), the specialty societies are unable to provide traditional reimbursement recommendations for the extended external ECG patch, medical magnetic tape recorder. This supply was listed as SD339 with a price of \$413.24 in proposed rulemaking before the Centers for Medicare and Medicaid Services (CMS) opted to utilize contractor pricing for the scanning and analysis code. However, the societies shared a reasonable proxy for the various patch technologies that are typically used for 7-day and 15-day services with the RUC and subsequently CMS, when these codes were originally presented. In addition, CMS and its contractors have been paying for these services under Category III codes 0297T since 2013. The Agency should have the necessary information to parse out appropriate average pricing for the patch used in both the 7-day and the 15-day service based on contractor pricing.

Conclusion

Unlike a traditional Holter monitor, long-term monitoring devices provide a convenient way to practice preventive care. They allow their users to build a baseline of cardiac health, allow for

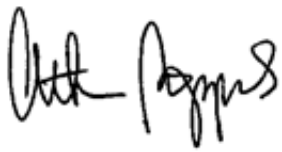
¹ Yenikomshian M, Jarvis J, Patton C, Yee C, Mortimer R, Birnbaum H, Topash M. Cardiac arrhythmia detection outcomes among patients monitored with the Zio patch system: a systematic literature review. *Curr Med Res Opin.* 2019 Oct;35(10):1659-1670. doi: 10.1080/03007995.2019.1610370. Epub 2019 May 28. PMID: 31045463.

² Steinhubl SR, Waalen J, Edwards AM, Ariniello LM, Mehta RR, Ebner GS, Carter C, Baca-Motes K, Felicione E, Sarich T, Topol EJ. Effect of a Home-Based Wearable Continuous ECG Monitoring Patch on Detection of Undiagnosed Atrial Fibrillation: The mSToPS Randomized Clinical Trial. *JAMA.* 2018 Jul 10;320(2):146-155. doi: 10.1001/jama.2018.8102. PMID: 29998336; PMCID: PMC6583518.

³ Smith WM, Riddell F, Madon M, Gleva MJ. Comparison of diagnostic value using a small, single channel, P-wave centric sternal ECG monitoring patch with a standard 3-lead Holter system over 24 hours. *Am Heart J.* 2017 Mar;185:67-73. doi: 10.1016/j.ahj.2016.11.006. Epub 2016 Nov 26. PMID: 28267477.

the sharing of data with a healthcare provider to monitor changes over time, and identify medical problems. The early detection of health conditions allows for improved quality of care for the patient, preventing the development of serious cardiac and or related medical problems. Without appropriate reimbursement for long term continuous ECG monitoring, cardiologists will be forced to utilize other modalities which are less effective at diagnosing arrhythmias, less convenient for patients, and ultimately will delay appropriate patient care. We appreciate your attention to this matter. If you have questions or concerns, please contact Claudia Vasquez, ACC's Associate Director of Medicare Payment & Quality Policy at cvasquez@acc.org and Kimberley Moore, HRS's Senior Director of Health Policy and Reimbursement at KMoore@hrsonline.org.

Sincerely,



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