Reimbursement Guide

About Cardea SOLO®

Cardea SOLO is the first wearable ECG Sensor and complete in-office Software System for Long-Term Ambulatory Electrocardiographic Monitoring up to 7 days. Cardea SOLO provides clinicians with ECG waveform analysis capabilities and comprehensive patient data that can assist in cardiac arrhythmia diagnosis at the point of care.

Cardea SOLO Indications for Use

Cardea SOLO is indicated for use on adult patients who may be asymptomatic or who may suffer from transient symptoms such as palpitations, dizziness, anxiety, fatigue, syncope, presyncope, light-headedness, shortness of breath or who are at risk of developing atrial fibrillation and where a software-assisted analysis of an ambulatory ECG could identify potential cardiac causes of these symptoms. It includes a prescription only, single use, continuous ECG recorder that can be worn up to 7 days during activities of daily living.

Always refer to Cardea SOLO user documentation for important information on intended use, contraindications, technical performance specifications and detailed operating instructions.

ICD-10-CM Diagnosis Codes

Accurate and thorough ICD-10-CM diagnosis code(s) documentation can support medical necessity for Cardea SOLO use. Include all appropriate ICD-10 diagnosis codes and supporting clinical documentation. Always check with your local payers and Medicare Administrative Contractor for covered ICD-10 codes, other specific requirements and policy updates. The following ICD-10-CM codes and/or ranges may assist in the clinical decision process:

ICD-10-CM	ICD-10-CM Diagnosis Code/Range
I45.9	Conduction disorder, unspecified
I47.1	Supraventricular tachycardia
I47.2	Ventricular tachycardia
I47.9	Paroxysmal tachycardia, unspecified
I48	Paroxysmal atrial fibrillation
I48.11	Longstanding persistent atrial fibrillation
I48.19	Other, persistent atrial fibrillation
I48.2	Chronic atrial fibrillation, unspecified
I48.21	Permanent atrial fibrillation
I48.3	Typical atrial flutter
I48.4	Atypical atrial flutter
I48.91	Unspecified atrial fibrillation
I48.92	Unspecified atrial flutter
I49.1	Atrial premature depolarization

ICD-10-CM	ICD-10-CM Diagnosis Code/Range
I49.01	Ventricular fibrillation
I49.02	Ventricular flutter
I49.3	Ventricular premature depolarization
I49.4	Unspecified premature depolarization
I49.49	Other premature depolarization
I49.5	Sick sinus syndrome
I49.8	Other specified cardiac arrhythmias
I49.9	Cardiac arrhythmia, unspecified
I63.9	Cerebral infarction, unspecified
R00.1	Bradycardia, unspecified
R00.2	Palpitations
R42	Dizziness and giddiness [light-headedness]
R55	Syncope and collapse
R56.01	Complex febrile convulsions

CPT®[1] Codes

The CPT code set describes medical, surgical, and diagnostic services. It communicates uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial and analytical purposes.

CPT Category I codes are used for reporting devices and drugs (including vaccines) required for the performance of a service or procedure, services or procedures performed by physicians and other health care providers, services or procedures performed intended for clinical use, services or procedures performed according to current medical practice, and services or procedures that meet CPT requirements.

Cardea SOLO supports reimbursement using Category I codes for long-term electrocardiographic (ECG) monitoring.

Code	Description	2025 National RVU
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	8.03
93242	Recording (includes connection)	0.35
93243	Scanning analysis with report	7.00
93244	Review and interpretation	0.68

PLEASE NOTE: DO NOT REPORT 93241 IN CONJUNCTION WITH 93242-93244.

Clinical & Medical Necessity Documentation

In addition to the required patient demographics, include information about Cardea SOLO test indications, findings and implications for the patient's diagnosis and treatment plan. Documenting the clinical rationale for prescribing Cardea SOLO is an important step to support the reimbursement process.

The following are suggested documentation considerations for the patient record:

Documentation Element	Suggested Inclusion and Rationale
FREQUENCY OF SYMPTOM OCCURRENCE	Intermittent symptoms – those that occur less frequently than every 48 hours – suggest need for long-term ECG monitoring
PRIOR TESTS, E.G. HOLTER, 12-LEAD ECG, ETC.	Document why prior test results may be inconclusive or insufficient, and document clinical goal for Cardea SOLO information
LONG-TERM ECG MONITORING DURATION AND RATIONALE	Be specific that long-term (up to 7-days) continuous ECG monitoring duration is indicated, and why
'RULE IN/RULE OUT' DIAGNOSES AND/OR SUSPECTED DIAGNOSTIC IMPLICATIONS	Document anticipated contribution of Cardea SOLO test results to patient's diagnosis and treatment plan
EXPECTED LEVEL OF PATIENT COMPLIANCE WITH LONG-TERM ECG MONITORING	Document expected patient compliance capability to adhere to Cardea SOLO testing Sensor wear and care requirements