



PCA 500

Reimbursement Guide

The PCA 500 ECG System received FDA clearance in 2018 and is intended for use on adults to acquire, record and process an electrocardiographic signal to be transmitted via Bluetooth to a mobile device, and then over the Internet to a web service. The System is designed to be used by a patient or another layperson, or a healthcare worker to collect and transmit a 12-lead ECG and rhythm strip to enable review at a physician's office, hospital or their medical receiving center.

PCA 500 is a medical standard 12-lead ECG for clinics and doctor's offices. PCA 500 can also be used by patients at home to collect 12-lead diagnostic ECG for doctor's review as a part of remote patient monitoring (RPM) services. This guide is provided to assist you in the understanding of the CPT codes that can be used in association of PCA 500 tests and services. Your office can consider these codes for reimbursement from Medicare and private insurances.





PCA 500 ECG for RPM & CCM

PCA 500 can be used by patients at home for regular or on demand ECG testing under the supervision of a doctor. If you have patients who need regular remote monitoring for a prolonged period, you can consider prescribing PCA 500 to the patients. Depending on the clinical indications, patients can either purchase or lease PCA 500. You can set up the RPM plans for these patients in your practice, and the CPT codes 99091, 99457 and 99458 may be used for the services you are providing.

CPT Code	Description	2022 National Avg Pmt Physician Fee Schedule	
		Non-Facility	Facility
99091	Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time.	\$56.41	\$56.41
99457	Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff /physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month.	\$50.18	\$31.15
99458	Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff /physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month. Additional 20 minutes	\$40.84	\$31.15



Code 99091 can be billed no more than once in a 30-day period. The practitioner must obtain advance patient consent for the service and document this in the patient's medical record. A minimum of 30 minutes of the physician or other qualified healthcare professional time needs to be documented for data accession, review and interpretation, modification of care plan as necessary (including communication to patient and/or caregiver), and associated documentation.

Code 99457 can be billed no more than once in a calendar month. A minimum of 20 minutes clinical staff /physician/other qualified healthcare professional time needs to be documented. Code 99457 and 99091 cannot be billed concurrently by the same provider. A comparison of the two codes are summarized in the table below:

CPT Code	99091	99457
Advanced consent	Required	No specified
Frequency of billing	once every 30 days	Once per calendar month
Service time	Minimum 30 minutes	Minimum 20 minutes
Provider	physician or other qualified health care professional	clinical staff /physician/ other qualified healthcare professional
Live communication with patient	Not required	Required
Treatment plan	Not required	Required



Chronic Care Management (CCM) code 99490 can be billed concurrently with 99091 or 99457.

CPT Code	Description	2022 National Avg Pmt Physician Fee Schedulee	
		Non-Facility	Facility
99490	Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	\$64.02	\$51.56

Code 99490 has the following required elements:

- multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient;
- chronic conditions place the patient at significant risk of death, acute exacerbation/ decompensation, or functional decline;
- comprehensive care plan established, implemented, revised, or monitored.

Note :

1. QT Medical has compiled this reimbursement information for your reference. This information is gathered from third party sources and is subject to change without notice. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. It is always the provider’s responsibility to determine medical necessity and submit appropriate codes, modifiers, and charges for services rendered. Please contact your local carrier/payer for interpretation of coding and coverage.
2. There are approximately 1,500 private payers in the United States, some very large and well-known, others smaller and regional. While private payers typically follow Medicare’s reimbursements, each of their policies may vary. Therefore, it is important to check with the specific insurance's reimbursement policy.



PCA 500 for ECG Tests in Office

PCA 500 is a 12 lead ECG cleared for use in clinics. In addition to its ease of use, portability and cloud management, PCA 500 offers a great benefit of lowering the risk of disease transmission from patient to patient. The electrode strip is single use, there are no leadwires and cables, and the recorder is super-compact and easy to wipe clean.

When using PCA 500 for standard 12-lead ECG testing, the existing CPT codes for ECG tests in the clinic setting can be used. While the Medicare reimbursement for ECG tests seems low, private payers generally pay ten to twenty-five percent (10-25%) above the Medicare national average payment. CPT codes 93000 and 93005 are summarized below:

CPT Code	Description	2022 National Avg Pmt Physician Fee Schedule
		Non-Facility
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	\$14.54
93005	Tracing only, without interpretation and report	\$6.23