

Policy: MP148

Section: Medical Benefit Policy

Subject: Ambulatory Cardiac Event Monitors

I. Policy: Ambulatory Cardiac Event Monitors

II. Purpose/Objective:

To provide a policy of coverage regarding Ambulatory Cardiac Event Monitors

III. Responsibility:

- A. Medical Directors
- B. Medical Management Department

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community;
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

- (i) the service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.

- (ii) the service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
- (iii) the service or benefit will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

DESCRIPTION: Ambulatory event monitors provide extended periods of cardiac monitoring. The recording device is either worn continuously and activated either manually or automatically when the individual experiences clinical or subclinical symptoms. The recorded EKGs are either stored for future analysis or transmitted over telephone lines to a receiving station.

INDICATIONS:

Continuous Non-activated Recorder (e.g. Holter Monitor): 24- to 48-hour continuous external unattended cardiac monitoring device is considered medically necessary as a diagnostic tool to evaluate symptoms suggestive of cardiac arrhythmias.

Continuous Long-term 48 hour to 21 day External Unattended Cardiac Monitoring Device (e.g. Zio®Patch) is considered medically necessary as a diagnostic tool to evaluate symptoms suggestive of cardiac arrhythmias or silent ischemia in members with a non-diagnostic Holter monitor, or whose symptoms occur so infrequently that it is unlikely to be captured by Holter monitoring.

Patient or Event Activated Recorder (Loop Recorder): is considered medically necessary for the identification of a suspected cardiac arrhythmia despite normal findings on ambulatory electrocardiography

Implantable Cardiac Loop Recorder: is considered medically necessary when:

- noninvasive ambulatory monitoring fails to establish a definitive diagnosis due to infrequent symptoms such that the length of the monitoring period may have been inadequate to capture an event; and
- tilt-table testing is negative or nondiagnostic

Mobile Cardiac Outpatient Telemetry (MCOT): may be considered medically necessary when all of the following criteria are met:

- The study is ordered by a cardiologist; **and**
- There is a low likelihood of a potentially life-threatening cardiac event; **and**
- Other testing/monitoring has been unrevealing or is inappropriate; **and**
- It is anticipated that the results would provide diagnostic and treatment information; **and**
- The member's condition is demonstrated by one of the following categories:
 - a. The member requires monitoring for known, non-life threatening arrhythmias such as atrial fibrillation, other paroxysmal supraventricular arrhythmias, evaluation of various bradyarrhythmias, and intermittent bundle branch block; **or**
 - b. The member is recovering from coronary artery bypass graft surgery or valve replacement surgery and has a documented atrial arrhythmia; **or**
 - c. The member has symptomatic underlying cardiac structural disease; **or**
 - d. The member has no structural heart disease but has recurrent severe symptoms (i.e., recurrent syncope), and in whom all testing is negative and an implantable event recorder is contemplated; **or**
 - e. The member has uncontrolled atrial fibrillation post-pneumonectomy.

CONTRAINDICATION:

MCOT is contraindicated for use in individuals at high risk for developing sustained ventricular tachycardia or ventricular fibrillation characterized by any of the following:

- a. a history of sustained ventricular tachycardia or a documented occurrence of ventricular fibrillation; **or**
- b. a measured ejection fraction of less than 30% with a widened QRS interval; **or**
- c. unstable angina defined as chest pain at rest, a new onset of angina, or a change in existing patterns of angina; **or**
- d. Members who are candidates for heart valve surgery; **or**
- e. Members with moderate to severe symptoms (i.e., syncope or near syncope) with underlying structural heart disease and a high likelihood of serious arrhythmias; **or**
- f. Members who would be more appropriately cared for in a hospital setting

LIMITATIONS:

A course of treatment will be defined as up to 30 consecutive days. A monitoring episode up to 30 consecutive days will be considered as one unit. Monitoring will be limited to no more than two episodes in a twelve month period. Concomitant use of cardiac surveillance, Holter monitoring and/or event monitoring is not medically necessary.

EXCLUSIONS:

MCOT is considered **experimental, investigational or unproven** when used as a screening tool, and is **NOT COVERED**.

MCOT in excess of one unit (one to 30 consecutive days) is **NOT COVERED**.

The following cardiac monitoring systems including but not limited to:

- BIOTRONIK biomonitor
- smartphone ECG systems (eg, AliveCor, ViSi Mobile Monitoring System, Kardia Mobile, iHEART, ect.)

are considered **experimental, investigational or unproven** because their therapeutic value has not been established due to a lack of published evidence, and are **NOT COVERED**.

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven services is outlined in **MP 15 - Experimental Investigational or Unproven Services or Treatment**

CODING ASSOCIATED WITH: Mobile Cardiac Outpatient Telemetry

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements

93224, 93225, 93226, 93227 (Holter Monitor)

93268, 93270, 93271, 93272 (Loop Recorder)

33282, 33284, 93285, 93290, 93291, 93297, 93298, 93299, C1764, E0616 (Implantable Loop Recorder)

93228, 93229 (MCOT)

0295T—0298T Long-term Continuous 48 hour to 21 day External Unattended Cardiac Monitoring Device

93799 Unlisted cardiovascular service or procedure

0206T Algorithmic analysis, remote of electrocardiographic-derived data with computer probability assessment, including report

0497T External patient-activated, physician-or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24 hour attended monitoring; in-office connection

0498T External patient-activated, physician-or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24 hour attended monitoring; review and interpretation by a physician or other qualified health care professional per 30 days with at least one patient-generated triggered event

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

LINE OF BUSINESS:

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

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This policy will be revised as necessary and reviewed no less than annually.

Devised: 9/05

Revised: 9/08, 8/10 (coding); 9/13 (rename and expand scope of policy); 1/15 (add ZioPatch); 7/16 (Gender Language, Limitations); 6/18 (add smartphone system exclusions)

Reviewed: 9/06; 9/07, 9/09, 8/11, 8/12, 8/13, 7/17