Policy: MP092
Section: Medical Benefit Policy
Subject: Implantable Cardiac Loop Recorder

I. Policy: Implantable Cardiac Loop Recorder

II. Purpose/Objective:
To provide a policy of coverage regarding Implantable Cardiac Loop Recorder

III. Responsibility:
A. Medical Directors
B. Medical Management

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:
The implantable cardiac loop recorder is a patient-activated monitoring system that records electrocardiographic (ECG) tracings. The device is a programmable event recorder with looping memory and is implanted subcutaneously in the chest. When symptoms occur, the patient uses a hand held activator to store a segment of the ECG into the devices memory.

INDICATIONS:
Members with recurrent but infrequent syncopal episodes, when the etiology has not been diagnosed by conventional, non-invasive methods such as, but not limited to:
- Complete history and physical examination
- Electrocardiogram (ECG)
- Two negative or non-diagnostic 30-day pre-symptom memory loop patient demand recordings (e.g. Holter monitor)
- Negative or non-diagnostic tilt table testing
- Negative or non-diagnostic electrophysiological testing

EXCLUSIONS:
Use in any condition not listed under Indications is considered not medically necessary.

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

CODING ASSOCIATED WITH: Implantable Cardiac Event Loop Recorder
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.

HCPCS/CPT Codes:
- 33282 Implantation of patient-activated cardiac event recorder
- 33284 Removal of an implantable, patient-activated cardiac event recorder
- 93285 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable loop recorder system
- 93291 Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system
- 93298 Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional
- 93299 Implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results
- E0616 Implantable cardiac event recorder with memory, activator and programmer
- C1764 Event recorder, cardiac (implantable)

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 supersede this policy. For PA Medicaid Business segment, this policy applies as written.
REFERENCES:


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

Devised: 4/8/98

Revised: 3/03, 3/04, 3/06