Abstract Purpose:
Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC’s (NHP/NHIC/NHAS) Utilization Management team applies review guidelines for utilization determinations involving medically necessary care for Real-time mobile cardiac telemetry (MCT) or mobile cardiac outpatient telemetry (MCOT) also known as “cardiac event monitoring, or ambulatory cardiac telemetry.” This policy provides guidance for utilization determinations for real-time mobile cardiac telemetry (MCT) or mobile cardiac outpatient telemetry (MCOT).

Policy Detail:
Refer to the appropriate Certificate of Coverage, Evidence of Coverage, Summary Plan Description, Individual and Family Plan or State of Wisconsin It's Your Choice Reference Guide to determine eligibility and coverage because Employer Group/Plan Sponsor and government contracts may vary. NHIC follows Medicare’s National/Local (Wisconsin area) Coverage Determinations for its Medicare Advantage membership.

I. Description:
   A. Real-time mobile cardiac outpatient telemetry (MCOT) allows practitioners to conduct real-time outpatient monitoring of patients’ cardiac rhythms. A portable electrocardiogram (ECG) sensor with leads attached to the skin for continuous monitoring of cardiac rhythms during daily activities is placed on the patient. If the monitoring system detects any arrhythmic event, the MCOT automatically transmits ECG data through a telephone line or wirelessly to a service center. Patients are also able to manually activate the device by pressing a button when experiencing symptoms. Monitoring specialists analyze the data and report findings to the prescribing practitioner. These devices can be worn for weeks at a time and are helpful when evaluating infrequent symptoms suggestive of cardiac arrhythmia (syncope, near-syncope, dizziness, and/or palpitations). Real-time mobile cardiac telemetry (MCT) or mobile outpatient cardiac telemetry (MCOT) devices are not intended for monitoring patients with life-threatening arrhythmias.

II. Medical Indicators/Criteria:
   A. NHP/NHIC/NHAS may cover real-time mobile cardiac telemetry (MCT) or mobile cardiac outpatient telemetry (MCOT), no longer than thirty (30) consecutive days, for the evaluation of recurrent or unexplained syncope, near-syncope, dizziness or palpitations when the following criteria are met:
      1. To monitor arrhythmia status following an ablation procedure; OR
      2. For treating individuals where suspected occult atrial fibrillation caused a cryptogenic stroke; OR
3. For monitoring suspected intermittent pacemaker malfunction in children and/or adults; OR
4. For monitoring recurrence of arrhythmia with initiation of or after discontinuation of drug therapy OR
5. In young children or individuals who are unable to consistently and accurately trigger a patient-activated monitoring device and/or are unable to communicate effectively to identify when they are experiencing symptoms (i.e. infants, young children, individuals with cognitive impairment, etc). OR
6. A non-life threatening cardiac arrhythmia is suspected as the cause of the above symptoms; AND
   a. A non-diagnostic Holter monitor fails to identify a definite diagnosis because symptoms occur so infrequently or unpredictably and therefore longer monitoring is necessary; AND
   b. Non-diagnostic Holter monitoring was completed no more than 60 days prior to the consideration of Real-time mobile cardiac telemetry (MCT) or mobile cardiac outpatient telemetry (MCOT); OR
7. A non-life threatening cardiac arrhythmia is suspected as the cause of the above symptoms; AND
   a. Holter would be likely to fail to identify a definite diagnosis.
   b. Example: In children with infrequent episodes of SVT when there is no reason to suspect other arrhythmias as Holter monitoring tend to virtually always be normal.

III. Coverage:
   A. Real-time mobile cardiac telemetry (MCT) or mobile cardiac outpatient telemetry (MCOT) is a covered benefit per the criteria listed above. NHIC follows CMS National Coverage Determinations (NCD and Local Coverage Determinations (LCD) for application to its Medicare Advantage membership.

IV. Limitations/Exclusions
   A. NHP/NHIC/NHAS considers the use of real-time mobile cardiac telemetry (MCT) or mobile cardiac outpatient telemetry (MCOT) for any other reason than those outlined above NOT medically necessary. This includes but is not limited to, ongoing medical management after diagnosis, medication management or for asymptomatic patients.
   B. Coverage for Real-time mobile cardiac telemetry (MCT) or mobile cardiac outpatient telemetry (MCOT) is subject to the conditions, terms and limitations of the member’s/participant’s coverage document.

V. References
   B. Centers for Medicare and Medicaid Services, Local Coverage Determination (LCD) for Electrocardiographic (EKG or ECG) Monitoring (Holter or Real-time Monitoring) L34636.


G. Frequency of Serious Arrhythmias Detected with Ambulatory Cardiac Telemetry, Kadish, Reiffel, Dlauser, Prater, Menard and Kopelman; Journal of Cardiology 2010; 105:1313-1316.

H. Initial Experience with Novel Mobile Cardiac Outpatient Telemetry for Children and Adolescents with Suspected Arrhythmia, Saarekm, Doratotaj, and Sterba; Congenital Heart Dis. 2008; 3:33-38.


J. Podrid, PJ. Ambulatory ECG Monitoring. Up to Date, January 2016.

Regulatory Citations:
UM2

Related Policies:
None

Related Documents:
None

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Disclaimer:
Contract language as well as state and federal laws take precedence over any medical policy. Network Health coverage documents (i.e. Certificate of Coverage, Evidence of Coverage, Summary Plan Descriptions) outline contractual terms of the applicable benefit plan for each line of business and will be considered first in determining eligibility. Not all Network Health coverage documents are the same. Coverage may differ. Our Medicare membership follows applicable Centers for Medicare and Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD) and Local Coverage Determinations (LCD). Please refer to the CMS website at [www.cms.gov](http://www.cms.gov).

Network Health reserves the right to review and update our medical policies on occasion as medical technologies are constantly evolving. The documentation of any brand name of a test, product and/or procedure in a medical policy is in no way an endorsement of that product; it is for reference only.
Network Health’s medical policies are for guidance and not intended to prevent the judgment of the reviewing medical director(s) nor dictate to health care providers how to practice medicine.