

n05532

Medical Policy – Real-Time Mobile Cardiac Outpatient Telemetry

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

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, or Individual and Family Plan 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. *In the absence of a Medicare National/Local Coverage Determination this medical policy would apply to our Medicare Advantage membership.*

I. Description

- A. Mobile cardiac outpatient telemetry (MCOT) allows practitioners to conduct real-time outpatient monitoring of a patient's cardiac rhythms. A portable electrocardiogram (ECG) sensor is placed on the patient with leads attached to the skin for continuous monitoring of cardiac rhythms during daily activities. If the monitoring system detects any arrhythmic event, the telemetry unit 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 following:
1. To monitor arrhythmia status following an ablation procedure; **OR**
 2. For treating individuals where occult atrial fibrillation is suspected as the cause of a cryptogenic stroke; **OR**
 3. For monitoring suspected intermittent pacemaker or ICD malfunction in children and/or adults; **OR**
 4. For monitoring recurrence of arrhythmia with initiation of or after discontinuation of drug therapy; **OR**
- B. 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 following: evaluation of recurrent or unexplained syncope, presyncope, dizziness or palpitations when the following criteria are met:
1. 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**
 2. A non-life-threatening cardiac arrhythmia is suspected as the cause of the above symptoms; **AND**
 - a. A non-diagnostic Holter monitor, completed no more than 60 days prior, failed to identify a definitive diagnosis because symptoms occur infrequently or unpredictably, and determination is made that longer monitoring with real-time mobile cardiac telemetry (MCT) or mobile cardiac outpatient telemetry (MCOT) is necessary; **OR**
 3. 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. 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.

Regulatory Citations:

UM2

Related Documents:

CPT Codes*:

93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days: physician review and interpretation with report
93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and physician prescribed transmission of daily and emergent data reports

*CPT codes are subject to change as codes are retired or new ones developed

References:

1. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) for Electrocardiographic Services (20.15).
2. Madias, C, Zimetbaum, P, Parikh, N. Ambulatory ECG Monitoring Up to Date November 2022 (literary review through September 2023)
3. MCG Ambulatory Care 27th Edition, Holter Monitor (24-Hour to 48-Hour Continuous Monitoring) ACG: A-0120 (AC)
4. MCG Ambulatory Care 27th Edition, Loop Recorder (Cardiac Event Monitor), Implantable ACG: A0122(AC)
5. MCG Ambulatory Care 27th Edition, Loop Recorder (Cardiac Event Monitor), Non-Implantable ACG: A-0121 (AC)

6. MCG Ambulatory Care 27th Edition, Patch-Type Cardiac Monitor ACG: A-0734 (AC)

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.

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.

Origination Date: 02/13/2014	Approval Date: 12/14/2023	Next Review Date: 12/14/2023
Regulatory Body: NCQA	Approving Committee: Medical Policy Committee	Policy Entity: NHAS, NHIC, NHP
Policy Owner: Rachell Hall	Department of Ownership: Population Health Management	Revision Number: 8
Revision Reason: 10/07/2016 – Transferred to new policy template. 01/19/2017 – Annual review. 01/18/2018 - annual review 10/17/2019 – annual review and updates 10/15/2020 – annual review, grammar, formatting & references updated, CPT codes verified 10/21/2021 - annual review, grammar, formatting & references updated, CPT codes verified 10/20/2022 – annual review, minor grammar/formatting changes, references updated, ETF document name removed to reflect change in naming convention, approved at MPC 10/20/2022. 10/26/2023- Annual review. Minor grammar and formatting changes, references updated, CPT codes verified. 12/14/2023 - Approved at MPC 12/14/2023		

Meeting: Utilization Management Committee	Date: 12/14/2023
Title/Topic: Mobile Cardiac Outpatient Telemetry Policy	Policy Number: n05532
Purpose: Annual Review	Outcome: Choose an item.
Line of Business: Commercial	Effective Date: 12/14/2023

INTRODUCTION:

Includes definition of problem or opportunity. Provides background information on the topic. Describes current state. May also include prior state and/or factors that have changed. Includes operational definitions where key terms may have varied interpretation.

Mobile cardiac outpatient telemetry (MCOT) allows practitioners to conduct outpatient monitoring of a patient's cardiac rhythm. A portable electrocardiogram (ECG) sensor, with leads attached to the skin, monitors cardiac rhythms during daily activities. The monitoring system may transmit data through a telephone line or wirelessly to a service center. Units are also able to be manually activated to record data while a patient is experiencing symptoms. The system can provide real-time mobile cardiac telemetry (MCT), may be worn for weeks at a time, and can be helpful when evaluating for infrequent symptoms suggestive of cardiac arrhythmia such as syncope, near-syncope, dizziness and or palpitations.

This medical policy provides guidance for Utilization Management Coordinator Registered Nurses (UMC-RN) regarding determinations involving the medical necessity of MCT/MCOT monitors and services. This policy is due for annual review.

ACTION RECOMMENDED:

States recommendations in specific terms. Includes a summary of what should be accomplished, methods, and timetable (if applicable). Recommendations on implementation and follow-up plans may also be included.

Annual review has been conducted and the Real-time Mobile Cardiac Outpatient Telemetry (MCOT) medical policy is presented for review and approval with changes as written.

No changes were made to the intention or utilization guidance of this policy. Changes made include minor grammar and formatting changes, updating of references, and verification of CPT codes.

ANALYSIS/JUSTIFICATION:

Includes information relevant to the recommended action including information used in formulation the recommendations. Information will include reference to any existing Centers for Medicare & Medicaid Services (CMS) coverage determinations as well as any existing established vendor criteria. Information may include financial/cost data, service measures, projections or other key measures or process tools, recommendations from a clinical provider with expertise regarding the topic, and/or information from other widely used treatment guidelines or peer reviewed clinical literature.

The Centers for Medicare/Medicaid (CMS) has guidance. National Coverage Determination (NCD) 20.15 Electrocardiographic Services outlines the conditions for coverage for Medicare Members.

MCG 27th edition has criteria that outlines the conditions for coverage for certain types of cardiac monitoring including Holter monitors, patch-type monitors and loop recorders, but does not have criteria for MCOT/MCT services or monitors.

Madias, C, Zimetbaum, P, Parikh, N. Ambulatory ECG Monitoring Up to Date November 2022 (literary review through September 2023) states that MCOT monitoring might be a preferred choice for patients with less frequent symptoms (ie, weekly to monthly) for whom comprehensive assessment of all cardiac activity is required.

REFERENCES:

Includes detailed description regarding source(s) of information used for development of policy or recommendations via citation.

- CMS National Coverage Determination (NCD) for Electrocardiographic Services (20.15)
- Madias, C, Zimetbaum, P, Parikh, N. Ambulatory ECG Monitoring Up to Date November 2022 (literary review through September 2023)
- MCG 27th edition: Holter Monitor 24 to 48-hour Continuous Monitoring ACG: A-0120 (AC)
- MCG 27th edition: Loop Recorder Implantable ACG: A-0122(AC)
- MCG 27th edition: Loop Recorder Non-Implantable ACG: A-0121(AC)
- MCG 27th edition: Patch-Type Cardiac Monitor ACG: A-0734(AC)

REVISION REASON:

Includes the date changes or updates were made and summary of changes applied.

10/26/2023: Annual review. Minor grammar and formatting changes made. References were reviewed and updated. CPT code verification was performed to monitor for changes and/or updates.

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