

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 27<sup>th</sup> 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.

**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.