Abstract Purpose:
Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC’s (NHP/NHIC/NHAS) care management (CM) department, including Utilization Management 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. 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
5. 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
6. 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
   D. Excerpt from 2012 HRS/EHRA/ECAS Expert Consensus Statement on Catheter and Surgical Ablation of Atrial Fibrillation: Recommendations for Patient Selection, Procedural Techniques, Patient Management and Follow-up,
Definitions, Endpoints and Research Trial Design The European Cardiology Heart Rhythm Vol. 9, No 4, April 2012.


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

G. 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.


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