



Mobile Cardiac Telemetry Clinical Coverage Criteria

Overview

Mobile cardiac telemetry (MCT) is real-time continuously-attended ambulatory cardiac monitoring. Ambulatory cardiac monitoring refers to electrocardiogram (ECG) monitoring services provided while the patient is at home or performing daily activities, including sleep. The ECG rhythm(s) selected for transmission are automatically transmitted (without patient intervention) to a remote monitoring site. Continuously-attended means that there is, at the remote monitoring site or central data center, trained personnel, under the general supervision of a physician, receiving real-time ECG data 24 hours a day. Tape recording devices do not meet this requirement. Further, such technicians must have immediate, 24-hour access to a physician to review transmitted data and make clinical decisions regarding the patient. The technician should also be instructed as to when and how to activate emergency medical response to assist the patient in case of an emergency.

To date, published studies have focused on the ability of these systems to detect and transmit arrhythmias and have not addressed identification of appropriate patients for the added features of MCT, or how MCT may change patient management and improve outcomes. Further studies are needed to determine which patients will benefit from immediate intervention when a designated arrhythmia is detected and whether diagnostic information obtained from mobile cardiac monitoring improves patient outcomes as a result of changes in patient management.

Definitions

Arrhythmia: A cardiac arrhythmia is a temporary or sustained abnormal heart rhythm that is caused by a disturbance in the electrical signals in the chambers of the heart. Proper transmission of electrical signals to the heart is necessary to ensure effective heart function. There are two main categories of arrhythmia: tachycardia, meaning too fast a heartbeat; and bradycardia, meaning too slow a heartbeat.

Telemetry: The continuous monitoring of data using remote technology. Cardiac telemetry is the continuous monitoring of a patient's echocardiograph (ECG) from a location some distance from the patient. Cardiac telemetry can be a valuable diagnostic tool and it can also be important for patient safety, ensuring that arrhythmias are caught quickly.

Policy

This Policy applies to the following Fallon Health products:

- Commercial
- Medicare Advantage
- MassHealth ACO
- NaviCare
- PACE

Fallon Health follows guidance from the Centers for Medicare and Medicaid Services (CMS) for organization (coverage) determinations for Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and guidance in the Medicare manuals are the basis for coverage determinations. When there is no NCD, LCD, LCA or manual guidance, Fallon Health Clinical Coverage Criteria are used for coverage determinations.

Medicare has an NCD for Electrocardiographic Services (20.15). National Government Services, Inc. does not have an LCD or LCA for mobile cardiac telemetry (MCD search 06-28-2021).

For plan members enrolled in NaviCare and PACE plans, Fallon Health follows Medicare guidance for coverage determinations. In the event that there is no Medicare guidance or if the plan member does not meet medical necessity criteria in Medicare guidance, Fallon Health will follow guidance published by MassHealth. When there is no Medicare or MassHealth guidance, Fallon Health Clinical Coverage Criteria are used for coverage determinations for NaviCare members. Each PACE plan member is assigned to an Interdisciplinary Team. When there is no Medicare or MassHealth guidance, the member's Interdisciplinary Team is responsible for coverage determinations.

Prior authorization is required.

MCT requires prior authorization, the below criteria must be met as supported by the treating provider(s) medical records. Fallon Health considers MCT medically necessary:

- To evaluate plan members with symptoms that may be due to non-life threatening cardiac arrhythmias to obtain correlation of rhythm with symptoms. These symptoms may include but are not limited to syncope, dizziness, chest pain, palpitations, or shortness of breath.
- To monitor plan members who have a need for cardiac monitoring for nonlife- arrhythmias in one of the following circumstances: (1) initiation, revision or discontinuation of antiarrhythmic drug therapy, or (2) during recovery from surgical or ablative procedures for arrhythmias or myocardial infarction.

Fallon Health will authorize one session (i.e., one 30-day session) of medically necessary MCT for members who meet all of the following criteria:

- The plan member is 18 years of age or older.
- There is a low likelihood of a potentially life-threatening cardiac event.
- Other testing and/or monitoring (i.e., Holter monitor, has been unrevealing or is inappropriate.

One 30-day session of real-time continuous attended ambulatory cardiac monitoring equals' one unit of service. The average duration of monitoring in a symptomatic patient is 10 to 14 days. Monitoring beyond 30 days is only rarely medically necessary and must be justified by the treating physician. Failure to document an arrhythmia during a 30-day session is not justification for a second or subsequent 30-day session of cardiac monitoring. It is unlikely to be medically necessary to repeat monitoring a second time within a year in the absence of new or recurrent undiagnosed symptoms.

Diagnosis List

- Arrhythmias
- Chest pain
- Syncope (lightheadedness) or near syncope
- Vertigo (dizziness)
- Palpitations
- Transient ischemic episodes
- Dyspnea (shortness of breath)
- To initiate, revise or discontinue arrhythmia drug therapy.
- Evaluation of myocardial infarction (MI) survivors.
- Evaluation of acute and subacute forms of ischemic heart disease.

- Assessment of patients with coronary artery disease with active symptoms, to correlate chest pain with ST-segment changes.

The use of 0295T, 0296T, 0297T and 0298T, external electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage, may be considered medically necessary in patients treated for reasons listed in the diagnosis list to monitor for asymptomatic episodes in order to evaluate treatment response. The use of external electrocardiographic event monitors for more than 48 hours up to 21 days that are either patient-activated or auto-activated may be considered medically necessary as a diagnostic alternative to Holter monitoring in patients who experience infrequent symptoms (less frequently than every 48 hours) suggestive of cardiac arrhythmias (i.e., palpitations, dizziness, presyncope, or syncope).

Exclusions

- Any use of Mobile Cardiac Telemetry other than outlined above.
- Mobile Cardiac Telemetry for a plan member with a potentially life-threatening arrhythmia.

Coding

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage or reimbursement.

Code	Description
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; review and interpretation with report by a physician or other qualified health care professional
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 transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional
0295T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation
0296T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; recording (includes connection and initial recording)
0297T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; scanning analysis with report
0298T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; review and interpretation

References

1. Saarel EV, Doratotaj S, Sterba R. Initial Experience with Novel Mobile Cardiac Outpatient Telemetry for Children and Adolescents with Suspected Arrhythmia. *Congenit Health Dis.* 2008;3(1):33-8.
2. Tayal AH, Tian M, Kelly KM et al. Atrial fibrillation detected by mobile cardiac outpatient telemetry in cryptogenic TIA or stroke. *Neurology* 2008; 71(21):1696-701.
3. Wisconsin Physicians Service Insurance Corporation CMS Local Coverage Determination L34636. Electrocardiographic (EKG or ECG) Monitoring (Holter or Real-Time Monitoring) Original effective date October 1, 2015, last updated December 1, 2018
4. CMS National Coverage Determination NCD 20.15 for Electrocardiographic Services Effective December 10, 2004
5. Hoefman E, Bindels PJ, van Weert HC. Efficacy of diagnostic tools for detecting cardiac arrhythmias: systematic literature search. *Neth Heart J* 2010; 18(11):543-51.
6. Kadish AH, Reiffel JA, Clauser J et al. Frequency of serious arrhythmias detected with ambulatory cardiac telemetry. *Am J Cardiol* 2010; 105(9):1313-6.
7. Tsang JP, Mohan S. Benefits of monitoring patients with mobile cardiac telemetry (MCT) compared with the Event or Holter monitors. *Med Devices (Auckl)*. 2013 Dec 9;7:1-5. doi: 10.2147/MDER.S54038. eCollection 2013.
8. Kitsiou S, Paré G, Jaana M. Effects of home telemonitoring interventions on patients with chronic heart failure: an overview of systematic reviews.. *J Med Internet Res.* 2015 Mar 12;17(3):e63. doi: 10.2196/jmir.4174.
9. Derkac WM, Finkelmeier JR, Horgan DJ, Hutchinson MD. Diagnostic yield of asymptomatic arrhythmias detected by mobile cardiac outpatient telemetry and autotrigger looping event cardiac monitors. *J Cardiovasc Electrophysiol.* 2017 Dec;28(12):1475-1478. doi: 10.1111/jce.13342. Epub 2017 Oct 11.

Policy history

Origination date: 04/26/2005
Approval(s): Technology Assessment Subcommittee: 04/27/2010 Technology Assessment Committee: 04/26/2005, 06/02/2010, 10/23/2013, 01/28/2015 (updated template, references), 02/24/2016 (coverage added for coders 0295T-0298T in compliance with Medicare regulations, updated references), 03/22/2017 (updated references), 09/27/2017 (removed exclusion of coverage for Commercial products, now covered when meeting criteria), 08/22/2018 (updated references) , 09/10/2019 (updated references)

06/25/2021 (Added clarifying language related to Medicare Advantage, NaviCare and PACE under policy section.

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully-insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans.