



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

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 non-life- 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.

Codes

Code type	Code	Description
CPT	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

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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
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Policy History

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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. For Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this policy.