Mobile Cardiac Telemetry, Medical 112

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Effective Date   3/2008

Next Review Date   4/9/2024

Coverage Policy   Medical 112

Version   7

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Purpose:

This policy addresses the medical necessity for Mobile Cardiac Telemetry.

Description & Definitions:

Mobile Cardiac Telemetry (MCT) consists of a wearable cardiac monitor that gathers EKG data on a real time basis. The information is stored and can also be transmitted to an attended monitoring station. Using a combination of software algorithms and in person analysis suspected rhythm abnormalities can be evaluated real time if necessary. Arrangements are made for the results to be sent to either a physician associated with the monitoring company or to the physician of record or his designee on a real time basis if certain criteria are met.

Mobile Cardiac Outpatient Telemetry (MCOT) was initially developed as part of the CardioNet system and is a trademarked name that was used as a universal designation. The term Mobile Cardiac Telemetry(MCT) has subsequently become the standard designation due to trademark issues.

Criteria:

Mobile cardiac telemetry is considered medically necessary for individuals with **1 or more** of the following:

- Post transcatheter aortic valve replacement (TAVR) with subsequent bundle branch block development
- Cryptogenic cerebrovascular accident (CVA), atrial fibrillation or similar types of atrial tachyarrhythmias (ATAF) surveillance where an implantable loop recorder has not and will not be employed
- Individual with unexplained (after cardiac evaluation) syncope not felt to need inpatient evaluation but with clinical indications they may be at demonstrable risk of sudden death from a dysrhythmia **that requires real time attended mobile cardiac telemetry and immediate real time evaluation of captured dysrhythmias and physician notification**.
- Individual with structural heart disease and clinical indications that they may be at demonstrable risk of sudden cardiac death from a dysrhythmia **that requires real time attended mobile cardiac telemetry and immediate real time evaluation of captured dysrhythmias and physician notification**.

Mobile Cardiac Telemetry (MCT) is considered **not medically necessary** for uses other than those listed in the clinical criteria.

Coding:

Medically necessary with criteria:

Coding	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
93799	Unlisted cardiovascular service or procedure

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:
- 2023: February
- 2022: August
- 2021: February
- 2020: March
- 2019: November
- 2015: July, August
- 2013: August
- 2012: August
- 2008: August
- 2003: January
- 2001: July
- 1998: December
- 1994: February

Reviewed Dates:
- 2024: April
- 2022: February
- 2018: April, November
- 2017: January
- 2016: June
- 2014: August
- 2011: August

- 2010: August
- 2009: August
- 2007: August, September
- 2005: February, November
- 2004: April, July
- 2003: October, November
- 2002: October
- 2000: July, December
- 1999: July, December
- 1996: August

Effective Date:
- February 1992

References:

2017 ACC/AHA/HRS Guideline for the Evaluation and Management of Patients with Syncope: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society. (2017, Aug). Retrieved Aug 8, 2023, from American College of Cardiology (ACC) - Circulation: https://www.jacc.org/doi/10.1016/j.jacc.2017.03.003?_ga=2.81150231.1686989014.1691504091-275508726.1691180783#undtbl8

(2023, Sep 21). Retrieved Mar 22, 2024, from MCG: https://careweb.careguidelines.com/ed27/index.html

(2024). Retrieved Mar 25, 2025, from Department of Medical Assistance Services - MES Public Portal: https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0&gsc.q=cardiac%20monitoring&gsc.sort=

(2024). Retrieved Mar 25, 2024, from Hayes - a symplr company: https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522cardiac%2520telemetry%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources%

Guidelines and Statements Search. (2024). Retrieved Mar 25, 2024, from American Heart Association: https://professional.heart.org/en/guidelines-and-statements/guidelines-and-statements-search

LCD: Cardiac Event Detection (L34573). (2024, Mar 07). Retrieved Mar 22, 2024, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=34573&ver=28&keyword=Cardiac%20Telemetry&keywordType=starts&areaId=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1

Madias, C. (2022, Nov 29). Ambulatory ECG monitoring. Retrieved Mar 25, 2024, from UpToDate: https://www.uptodate.com/contents/ambulatory-ecg-monitoring?search=mobile%20cardiovascular%20telemetry&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1#H95841299

NCD: Electrocardiographic Services (20.15). (2004, Aug 26). Retrieved Mar 22, 2024, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=179&ncdver=2&keyword=20.15&keywordType=starts&areaId=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1

Outpatient cardiac telemetry. (2024, Mar 25). Retrieved Mar 25, 2024, from U.S. Food and Drug Administration: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm?ID=K093288

Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Keywords:

SHP Mobile Cardiac Telemetry, MCOT, SHP Medical 112, ablative procedures, arrhythmias, MCT, MCOT, ECAT (External Cardiac Ambulatory Telemetry), CardioNet, Lifewatch ACT monitor - Ambulatory Cardiac Telemetry, Ambulatory ECG (AECG) telemetry, Cardiac Event Detection (CED), remote Cardiac Monitoring, Outpatient Cardiac Telemetry, NUVANT