Commercial

Mobile Cardiac Telemetry, Medical 112

Implementation	7/1/2025
Next Review Date	4/2026
Coverage Policy	Medical 112
Version	8

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *.

Description & Definitions:

Mobile Cardiac Telemetry (MCT) consists of a wearable cardiac monitor that gathers EKG data on a real time basis that includes heart activity, to detect and manage cardiac events. The information requires a 24-hour, attended monitoring station to receive transmissions and/or stored when patient or event is signaled enabling timely intervention.

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.

- 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.

Other common names: 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 Mobile Cardiac Telemetry (MCT) System, KardiaMobile 6L

Criteria:

Mobile cardiac telemetry/MCOT 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 andwill 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 suddendeath from a dysrhythmia that requires real time attended mobile cardiac telemetry and immediate real time evaluation of captured dysrhythmias and physiciannotification.

- 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 timeattended mobile cardiac telemetry and immediate real time evaluation of captured dysrhythmias and physician notification.

Mobile cardiac telemetry/MCOT is considered **not medically necessary** for any use other than those indicated in clinical criteria.

Document History:

Revised Dates:

- 2020: August, December
- 2015: February
- 2014: November
- 2013: March, June
- 2012: February, April
- 2011: June
- 2010: June
- 2009: June

Reviewed Dates:

- 2025: April – Implementation date of July 1, 2025. No changes references updated
- 2024: April
- 2023: August
- 2022: July
- 2021: August
- 2019: December
- 2018: September
- 2017: November
- 2016: September
- 2015: August
- 2011: February

Effective Date: March 2008

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.

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Special Notes: *

- Coverage
  - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products
  - Policy is applicable to Sentara Health Plan Commercial products.
- Authorization requirements
  - Pre-certification by the Plan is required.
- Special Notes:
  - Commercial
    - 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.
    - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are

covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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2025 ACC/AHA/ACEP/NAEMSP/SCAI Guideline for the Management of Patients With Acute Coronary Syndromes. (2025, 4). Retrieved 4 2025, from American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines: https://www.ahajournals.org/doi/epub/10.1161/CIR.0000000000001309

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Wearable Devices for Ambulatory Cardiac Monitoring: Review. (2020, 4). Retrieved 4 2025, from American College of Cardiology: https://www.acc.org/latest-in-cardiology/ten-points-to-remember/2020/03/30/12/17/wearable-devices-for-ambulatory-cardiac

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