

n05532

## Medical Policy – Real-Time Mobile Cardiac Outpatient Telemetry

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### Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

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#### Abstract Purpose:

Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC's (NHP/NHIC/NHAS/NH TPA) Utilization Management team 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, or Individual and Family Plan 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. *In the absence of a Medicare National/Local Coverage Determination this medical policy would apply to our Medicare Advantage membership.*

#### I. Description

- A. Mobile cardiac outpatient telemetry (MCOT) allows practitioners to conduct real-time outpatient monitoring of a patient's cardiac rhythms. A portable electrocardiogram (ECG) sensor is placed on the patient with leads attached to the skin for continuous monitoring of cardiac rhythms during daily activities. If the monitoring system detects any arrhythmic event, the telemetry unit 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

NHP/NHIC/NHAS/NH TPA may cover real-time mobile cardiac telemetry (MCT) or mobile cardiac outpatient telemetry (MCOT), no longer than thirty (30) consecutive days, for the following

1. To monitor arrhythmia status following an ablation procedure; **OR**
2. For treating individuals where occult atrial fibrillation is suspected as the cause of a cryptogenic stroke; **OR**
3. For monitoring suspected intermittent pacemaker or ICD malfunction in children and/or adults; **OR**
4. For monitoring recurrence of arrhythmia with initiation of, or after discontinuation of drug therapy; **OR**

B. NHP/NHIC/NHAS/NH TPA may cover real-time mobile cardiac telemetry (MCT) or mobile cardiac outpatient telemetry (MCOT), no longer than thirty (30) consecutive days, for the following: evaluation of recurrent or unexplained syncope, presyncope, dizziness or palpitations when the following criteria are met:

1. 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**
2. A non-life-threatening cardiac arrhythmia is suspected as the cause of the above symptoms; **AND**
  - a. A non-diagnostic Holter monitor, completed no more than 60 days prior, failed to identify a definitive diagnosis because symptoms occur infrequently or unpredictably, and determination is made that longer monitoring with real-time mobile cardiac telemetry (MCT) or mobile cardiac outpatient telemetry (MCOT) is necessary; **OR**
3. 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. 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/NH TPA 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.

**Regulatory Citations:**

UM2

**Related Documents:**

CPT Codes\*:

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: physician review and interpretation with report
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 physician prescribed transmission of daily and emergent data reports

\*CPT codes are subject to change as codes are retired or new ones developed

**References:**

1. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) for Electrocardiographic Services (20.15).
2. Madias, C, Zimetbaum, P, Parikh, N. Ambulatory ECG Monitoring Up to Date November 2022 (literary review through September 2023)
3. MCG Ambulatory Care 29<sup>th</sup> Edition, Holter Monitor (24-Hour to 48-Hour Continuous Monitoring) ACG: A-0120 (AC)
4. MCG Ambulatory Care 29<sup>th</sup> Edition, Loop Recorder (Cardiac Event Monitor), Implantable ACG: A0122(AC)
5. MCG Ambulatory Care 29<sup>th</sup> Edition, Loop Recorder (Cardiac Event Monitor), Non-Implantable ACG: A-0121 (AC)
6. MCG Ambulatory Care 29<sup>th</sup> Edition, Patch-Type Cardiac Monitor ACG: A-0734 (AC)

**Disclaimer:**

Contract language as well as state and federal laws take precedence over any medical policy. Network Health coverage documents (i.e., Certificate of Coverage, Evidence of Coverage, Summary Plan Descriptions) outline contractual terms of the applicable benefit plan for each line of business and will be considered first in determining eligibility. Not all Network Health coverage documents are the same. Coverage may differ. Our Medicare membership follows applicable Centers for Medicare and Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD) and Local Coverage Determinations (LCD). Please refer to the CMS website at <http://www.cms.gov>.

Network Health reserves the right to review and update our medical policies on occasion as medical technologies are constantly evolving. The documentation of any brand name of a test, product and/or procedure in a medical policy is in no way an endorsement of that product; it is for reference only.

Network Health’s medical policies are for guidance and not intended to prevent the judgment of the reviewing medical director(s) nor dictate to health care providers how to practice medicine.

<b>Origination Date:</b> 02/13/2014	<b>Approval Date:</b> 10/16/2025	<b>Next Review Date:</b> 10/16/2026
<b>Regulatory Body:</b> NCQA	<b>Approving Committee:</b> Utilization Management Committee	
<b>Department of Ownership:</b> Population Health Management		<b>Revision Number:</b> 10
<b>Revision Reason:</b> 10/07/2016 – Transferred to new policy template. 01/19/2017 – Annual review. 01/18/2018 - annual review 10/17/2019 – annual review and updates 10/15/2020 – annual review, grammar, formatting & references updated, CPT codes verified 10/21/2021 - annual review, grammar, formatting & references updated, CPT codes verified 10/20/2022 – annual review, minor grammar/formatting changes, references updated, ETF document name removed to reflect change in naming convention, approved at MPC 10/20/2022. 10/26/2023- Annual review. Minor grammar and formatting changes, references updated, CPT codes verified. 12/14/2023 - Approved at MPC 12/14/2023 10/17/2024-Annual review, minor grammatical/formatting changes and references updated. 10/16/2025 Annual review, minor grammatical/formatting changes and references updated		