Minuteman Health

Clinical Review Criteria Related to Long-Term 30-Day Cardiac Monitoring

I.Criteria for Approval

A. Minuteman Health Insurance (MHI) considers long-term 30-day monitoring with transmission of ECG involving 24-hour attended surveillance over a 30-day period of time to be medically necessary when at least ONE (1) of the following criteria is met:

1. A 48-hour Holter monitor has been nondiagnostic OR
2. One of the following indications is present:
    a. Arrhythmias
    b. Chest pain
    c. Syncope
    d. Vertigo
    e. Palpitations
    f. Transient ischemic episodes
    g. Dyspnea (shortness of breath)
    h. To initiate, revise or discontinue arrhythmia drug therapy
    i. Evaluation of myocardial infarction (MI) survivors
    j. Evaluation of acute and subacute forms of ischemic heart disease
    k. Assessment of patients with coronary artery disease with active symptoms, to correlate chest pain with ST-segment changes

B. No other EKG monitoring codes can be billed simultaneously with this code.

1. **CPT Code 93228** requires PA - Wearable 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.

2. **CPT Code 93229** which does not require PA - Wearable 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.

C. Notes:

*** The Plan requires Medical Director review to determine the medical necessity of a request for a repeat study that does not meet Plan criteria, as specified in this policy.

D. Limitations:

1. Contraindications to ambulatory cardiac event monitoring include ANY of the following, as specified below in item a. or item b.:

   a. Inability of the adhesive electrode patch to affix to the member's skin; OR

   b. Inability of the member to wear the monitor consistently over the monitoring period.

2. The Plan considers ANY of the following uses of ambulatory cardiac event monitors to be experimental and investigational, as specified below in item a:

   a. Following catheter or surgical ablation of atrial fibrillation when Plan criteria are not met (as specified in the Medical Policy Statement section).

3. The Plan considers mobile cardiac outpatient telemetry (MCOT), single-use ambulatory electrocardiographic (ECG) monitors (e.g., Zio Patch), and other types of emerging technology to be experimental and investigational.

II. Required Documentation

A. Letter of medical necessity or office notes documenting clinical indications including results of 48-hour Holter monitoring if available, and

B. Ambulatory Cardiac Event Monitor can be ordered by any in plan provider such as: Primary Care Physician, Neurologist or Cardiologist.

III.References

NCQA Standard, UM 2, Clinical Criteria for Utilization Management Decisions, Element A

CMS National Coverage Determination (NCD) for Electrocardiographic Services (20.15). Publication Number 100-3, Effective date 08/26/2004. (Last Accessed10/11/16)

IV.Summary of Changes

04/13/17

- Updated last Accessed date

V.Review Dates

HNE Review Dates: 10/8/13, 10/14/14, 10/13/15, 10/11/16, 04/04/2017
MHI Review Dates: 01/01/2014, 10/23/2014, 10/07/15, 10/20/2016, 04/13/2017