

# Premier Health Plan

## POLICY AND PROCEDURE MANUAL

Policy Number: PA.060.PH  
Last Review Date: 02/21/2019  
Effective Date: 01/01/2019

### PA.060.PH – Outpatient/mobile Real Time Cardiac Surveillance

This policy applies to the following lines of business:

- ✓ Premier Commercial

Premier Health Plan considers **Outpatient/mobile Real Time Cardiac Surveillance** medically necessary for the following indications:

1. The monitoring of a member is needed for **either** of the following:
  - Detection, characterization and documentation of symptomatic transient or paroxysmal dysrhythmia when the frequency of the symptoms is limited and the use of a 24-hour ambulatory ECG is documented in the medical record to be unlikely to capture and record the dysrhythmia,
  - Prolonged monitoring is required specifically to ensure the absence of atrial fibrillation prior to the discontinuation of anticoagulation therapy
2. Other testing and/or monitoring/recording/telemetry (e.g. ECG, 24 hour Holter, etc.) has been unrevealing
3. There is a low likelihood of a potentially life-threatening cardiac event
4. It is anticipated that the results of this service would provide diagnostic and treatment information in the ongoing management of the member
5. Members needs cannot be met using an event recorder with loop memory and auto-trigger features

#### **Real-Time Cardiac Surveillance Requirements:**

1. Each member should have a recorder for their own exclusive use throughout the duration of the monitoring period. Recorders may not be shared between two members.
2. Monitoring is limited to once in a 30 day period and no more than one time in a twelve month period. In the event more time is needed, requests for longer intervals of monitoring must be accompanied by documentation that clearly supports the medical necessity of the continued surveillance.
3. This service should be ordered and interpreted by providers with experience in caring for these types of patients. These providers should also possess a thorough knowledge of the patient receiving the service.
4. Surveillance must occur continuously, 24 hours a day, seven days a week while the member is wearing the device.

## PA.060.PH – Outpatient/mobile Real Time Cardiac Surveillance

Policy Number: PA.060.PH  
Last Review Date: 02/21/2019  
Effective Date: 01/01/2019

Note: This diagnostic test is ordered by the treating physician (or other treating practitioner acting within the scope of his or her license) who furnishes a consultation or who uses the results in the treatment and management of the member's specific medical problem.

### Services provided by an independent diagnostic testing facility (IDTF):

- The procedure must be performed under the general supervision of a physician specializing in cardiology or internal medicine.
- In general supervision, the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure.
- Under general supervision, the training of the non-physician personnel who actually perform the diagnostic procedure and the maintenance of the necessary equipment and supplies is the continuing responsibility of the physician.
- National or state-level training and certification requirements for non-physician personnel include:
  - Certified Cardiographic Technician (CCT) (Cardiovascular Credentialing International (CCI))
  - Registered nurse (RN) with current certification in Advanced Cardiac Life Support (ACLS)
  - Emergency Medical Technician (EMT) with current ACLS certification

### Limitations

1. The **concomitant use** of cardiac surveillance, Holter monitoring, and /or event monitoring is considered **not medically necessary**
2. Real-time cardiac surveillance is **not indicated** for any of the following:
  - a. Members with known or suspected dysrhythmias
  - b. Outpatient monitoring of recently discharged post-infarct members
  - c. Members at high risk of developing sustained ventricular tachycardia or ventricular fibrillation
  - d. Members who would be more appropriately cared for in a hospital setting
  - e. Use of cardiac surveillance and Holter or event monitoring for the same member on the same day
  - f. Services performed for screening purposes
  - g. Members with mild to moderate symptoms of palpitations, dizziness or weakness
3. **Real-time cardiac surveillance is not considered medically necessary for all members with indications for cardiac monitoring.** It should be used only in circumstances where traditional Holter monitoring or cardiac event recording is not expected to provide adequate information.

### Background

## PA.060.PH – Outpatient/mobile Real Time Cardiac Surveillance

Policy Number: PA.060.PH

Last Review Date: 02/21/2019

Effective Date: 01/01/2019

An electrocardiogram (EKG) is a graphic representation of electrical activity within the heart. Electrodes placed on the body in predetermined locations sense this electrical activity, which is then recorded by various means for review and interpretation. EKG recordings are used to diagnose a wide range of heart disease and other conditions that manifest themselves by abnormal cardiac electrical activity.

Ambulatory electrocardiography (AECG) refers to services rendered in an outpatient setting over a specified period of time, generally while a patient is engaged in daily activities, including sleep. AECG devices are intended to provide the physician with documented episodes of arrhythmia, which may not be detected using a standard 12-lead EKG. AECG is most typically used to evaluate symptoms that may correlate with intermittent cardiac arrhythmias and/or myocardial ischemia. Such symptoms include syncope, dizziness, chest pain, palpitations, or shortness of breath. Additionally, AECG is used to evaluate patient response to initiation, revision, or discontinuation of arrhythmic drug therapy. Descriptions of AECGs include:

- Dynamic electrocardiography devices that continuously record a real-time EKG, commonly known as Holter™ monitors, typically record over a 24-hour period
- An event monitor, or event recorder, is a patient-activated or event-activated EKG device that intermittently records cardiac arrhythmic events as they occur. These event monitors include pre-symptom memory loop and post-symptom recorders.

Real-time, outpatient cardiac telemetry involves the use of an automatically activated system that requires no patient intervention to either capture or transmit a dysrhythmia when it occurs. The purpose of this service is for real-time, continuous, long term (> 24 hours) cardiac surveillance of patients in order to identify and document a suspected and/or paroxysmal dysrhythmia.

### Codes:

CPT Codes	
Code	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 (Report 93228 only once per 30 days)
93229	Technical support for connection and patient instructions for use, attended surveillance, analysis, and transmission of daily and emergent data reports as

## PA.060.PH – Outpatient/mobile Real Time Cardiac Surveillance

Policy Number: PA.060.PH  
Last Review Date: 02/21/2019  
Effective Date: 01/01/2019

	prescribed by a physician or other qualified health care professional (Report 93229 only once per 30 days)
93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional

### References

1. 2012 Writing Group Members: Tracy CM, Epstein AE, Darbar D, et al.: 2012 ACCF/AHA/HRS focused update of the 2008 guidelines for device-based therapy of cardiac rhythm abnormalities. [American College of Cardiology Foundation/American Heart Association/Heart Rhythm Society] Issued 2012. J Thorac Cardiovasc Surg. 2012 Dec; 144(6):e127-45. doi: 10.1016/j.jtcvs.2012.08.032. <https://www.ncbi.nlm.nih.gov/pubmed/22965336>
2. Centers for Medicare and Medicaid Services (CMS): National Coverage Determination (NCD) No. 20.15 - Electrocardiographic services. Effective August 26, 2004. <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=179&ncdver=2&DocID=20.15&SearchType=Advanced&bc=IAA AAAGAAAAAA%3d%3d&>
3. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) No. L34997 - Real-time, outpatient cardiac telemetry. (Contractor-Novitas Solutions) Revision Effective Date: 10/01/2015. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34997&ver=10&Date=&DocID=L34997+&bc=iAAAABAAAAAA AA%3d%3d&>
4. Crawford MH, Bernstein SJ, Green LA, et al. ACC/AHA Guidelines for Ambulatory Electrocardiography. A Report of the American College of Cardiology/American Heart Association Task Force of Practice Guidelines (Committee to Revise the Guidelines for Ambulatory Electrocardiography). J Am Coll Cardiol. 1999 Sept; 34(3):912-948. <http://circ.ahajournals.org/content/100/8/886>
5. Raviele JA, Giada F, Bergfeldt L, et al. Management of patients with palpitations: a position paper from the European Heart Rhythm Association. Europace. 2011; 13: 920-934. <https://www.ncbi.nlm.nih.gov/pubmed/21697315>
6. Joshi AK, Kowey PR, Prystowsky EN, et al. First experience with a mobile cardiac outpatient telemetry (MCOT) system for the diagnosis and management of cardiac arrhythmia. Am J Cardiol. 2005 Apr; 95(7):878-881. <https://www.ncbi.nlm.nih.gov/pubmed/15781022>
7. Kadish AH, Buxton AE, Kennedy HL, et al. ACC/AHA Clinical Competence Statement on Electrocardiography and Ambulatory Electrocardiography: A Report of the American College of Cardiology/American Heart Association/American College

## PA.060.PH – Outpatient/mobile Real Time Cardiac Surveillance

Policy Number: PA.060.PH

Last Review Date: 02/21/2019

Effective Date: 01/01/2019

of Physicians-American Society of Internal Medicine Task Force on Clinical Competence (ACC/AHA Committee to Develop A Clinical Competence Statement on Electrocardiography and Ambulatory Electrocardiography). J Am Coll Cardiol. 2001 Dec; 104(25):3169-3178.

<http://circ.ahajournals.org/content/104/25/3169.full.pdf+html>

8. Kinlay S, Leitch JW, Neil A, et al. Cardiac event recorders yield more diagnoses and are more cost-effective than 48-hour holter monitoring in patients with palpitations: A controlled clinical trial. Ann Intern Med. 1996 Jan; 124(1 pt 1): 16-20.  
<http://annals.org/article.aspx?articleid=709311>
9. Klootwijk P, Leenders CM, Roelandt J. Usefulness of transtelephonic documentation of the electrocardiogram during sporadic symptoms suggestive of cardiac arrhythmias. Int J Cardiol. 1986 Nov; 13(2):155-161. Reiffel JA, Schwarzberg R, Murry M. Comparison of autotriggered memory loop recorders versus standard loop recorders versus 24-hour holter monitors for arrhythmia detection. Am J Cardiol. 2005 May; 95(9):1055-1059. <https://www.ncbi.nlm.nih.gov/pubmed/15842970>
10. Medicare Coverage Database: Centers for Medicare & Medicaid Services. Decision Memo for Electrocardiographic Services: CAG-00158N. Dated: August 26, 2004.  
<http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=89&NcaName=Electrocardiographic+Services&NCDId=179&ncover=1&lsPopup=y&bc=AAAAAAAAAIAAA&>
11. Sivakumaran S, Krahn AD, Klein GJ, et al. A prospective randomized comparison of loop recorders versus holter monitors in patients with syncope or presyncope. Am J Med. 2003 Jul; 115(1):1-5. <https://www.ncbi.nlm.nih.gov/pubmed/12867227>

### Disclaimer:

Premier Health medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of Evolent Health and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

Premier Health reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

These policies are the proprietary information of Evolent Health. Any sale, copying, or dissemination of said policies is prohibited.

## **PA.060.PH – Outpatient/mobile Real Time Cardiac Surveillance**

Policy Number: PA.060.PH  
Last Review Date: 02/21/2019  
Effective Date: 01/01/2019