Cardiac event monitoring

These services may or may not be covered by your HealthPartners plan. Please see your plan documents for your specific coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

Administrative Process

Prior authorization is required for:

1. Mobile cardiovascular telemetry (MCT),
2. Implantable cardiac loop recorders.

Prior authorization is not required for the following external unattended cardiac monitoring devices:

1. Holter monitors,
2. Ambulatory event monitors (AEM), the new generations of FDA-approved ambulatory event monitors such as the iRhythm Zio® Patch and the CardioNet CardioKey cardiac event recorder.

Coverage

Indications that are covered for mobile cardiac outpatient telemetry (MCOT)
MCOT is covered if all of the following criteria are met:

1. Must be ordered by a cardiologist; and
2. Suspected cardiac arrhythmia not detected with standard Holter monitor or ambulatory event monitoring. Standard monitoring must have been performed within the past 90 days / during this episode of care. Summary report must be submitted with the prior authorization. or
3. Symptoms occur infrequently such that the arrhythmia is unlikely to be diagnosed by Holter (in a 48 hour period) or ambulatory event monitoring; and
4. One of the following is present:
   A. Unexplained syncope, pre-syncope and / or palpitation;
   B. Assessment of asymptomatic or symptomatic arrhythmia in patients who are status-post electrophysiology ablation procedure;
   C. To monitor patient’s response to medication prescribed to treat an arrhythmia;
   D. History of heart transplantation;
   E. For evaluation of members with suspected atrial fibrillation as a cause of cryptogenic stroke.

Indications that are covered for implantable cardiac loop recorders (ICR)

1. ICR is covered for evaluation of symptoms such as syncope, dizziness, or similar symptoms when all of the following criteria have been met:
   A. ICR must be ordered by a cardiologist, and
   B. A cardiac arrhythmia is suspected as a cause of the symptoms; and
   C. Suspected cardiac arrhythmia is not detected with standard 30 day cardiac monitoring (non-implantable ambulatory event monitoring or mobile cardiac outpatient telemetry). Standard monitoring must have been performed within the past 90 days / during this episode of care.
2. ICR is covered for cryptogenic stroke with suspected occult atrial fibrillation as the cause of the stroke when all of the following criteria have been met:
   A. ICR must be ordered by a cardiologist, and
   B. Suspected cardiac arrhythmia is not detected with standard cardiac monitoring for 30 days (non-implantable ambulatory event monitoring or mobile cardiac outpatient telemetry). Standard monitoring must have been performed within the past 90 days / during this episode of care.

Indications that are not covered

1. LifeWatch LifeStar ACT Ex service because there is no evidence that reflex testing sequences have better outcomes than standard testing.
2. Mobile phone “apps” that monitor heart rhythm are considered investigational because there is insufficient scientific evidence to prove their clinical value.

Definitions

Cryptogenic stroke is defined as a brain infarction not clearly attributable to a definite cause or origin.
Holter monitor (also known as continuous external unattended cardiac monitoring device). Provides a continuous record of the electrocardiogram for up to 48 hours (some models allow up to 72 hours).

Ambulatory event monitor (AEM, also known as loop recorder) is worn for 20-30 days. These devices may have memory loop recording, auto-triggering and/or patient triggering features.

Next Generation Holter Monitors / ambulatory event monitors, such as:
- iRhythm Zio® Patch is an externalized, single-use monitor. Unlike Holter monitors, this device can be worn during showering and daily activities and remain on the patient for more than 48 hours and up to 14 days.
- CardioNet CardioKey is a long-term cardiac rhythm monitor that provides continuous monitoring for up-to-14 days.

Mobile cardiac outpatient telemetry (MCOT), (also known as real-time continuous attended cardiac monitoring systems) are offered by a variety of companies: - CardioNet Mobile Cardiac Outpatient Telemetry (MCOT) Service; Cardiac Telecom and Health Monitoring Services of America’s Telemetry @ Home Service; and LifeWatch LifeStar ACT (Ambulatory Cardiac Telemetry), this type of device is similar to an AEM, with one important difference. The device is completely automatic and requires no patient intervention to either capture or transmits electrocardiographic data. These systems typically use some sort of wireless technology (such as cellular phone networks) to transmit the data to the company’s central monitoring facility, where the electrocardiogram is analyzed in real-time. The patient's physician is notified of potentially significant electrocardiographic events based upon criteria prescribed by the physician. Such notification is done daily of even more frequently, and may be delivered by email of fax. Like an AEM, the duration of an MCOT study is typically up to 30 days.

Occult atrial fibrillation refers to atrial fibrillation occurring without any readily discernible signs or symptoms. Occult is used in this context to mean “hidden.”

Implantable cardiac loop recorder (ILR) – Cardiac implantable loop recorders (ILRs) assess arrhythmias in symptomatic and asymptomatic patients. The device is implanted subcutaneously in the left side of the chest. Such a device provides constant surveillance and both retrospective and prospective ECG data, and may be left in place for up to 3 years.

LifeWatch LifeStar ACT Ex service uses the technology of a 3-channel ambulatory cardiac telemetry platform and remote retrieval of digital Holter data to provide arrhythmia diagnosis. This two part service begins as a 24-48 hour Holter Analysis, and if the Holter is negative, the ACT 3-channel real-time telemetry starts for up to 30 days.

Codes

If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive.

<table>
<thead>
<tr>
<th>Codes</th>
<th>MCT codes – require prior authorization</th>
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<tbody>
<tr>
<td>93228</td>
<td>External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; physician review and interpretation with report</td>
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<tr>
<th>Codes</th>
<th>Implantable Loop Recorder codes – require prior authorization</th>
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<tbody>
<tr>
<td>33282</td>
<td>Implantation of patient-activated cardiac event recorder</td>
</tr>
<tr>
<td>C1764</td>
<td>Event recorder, cardiac (implantable)</td>
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<tr>
<th>Codes</th>
<th>AEM codes – No prior authorization</th>
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<tbody>
<tr>
<td>93268</td>
<td>External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, physician review and interpretation</td>
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<tr>
<td>93270</td>
<td>External patient and, when performed, auto activated electrocardiographic rhythm derived event</td>
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### References

2. Benditt, D. Syncope in adults: Clinical manifestations and diagnostic evaluation. In: UpToDate, Kowey, P. and Hockberger, RS (Eds), UpToDate, Waltham, MA. (Accessed on February 23, 2017.)
4. Caplan, LR. Overview of the evaluation of stroke. In: UpToDate, Kasner, SE (Ed), UpToDate, Waltham, MA. (Accessed on February 23, 2017.)