Medical Policy
Mobile Cardiac Outpatient Telemetry

Document Number: 010

<table>
<thead>
<tr>
<th>Commercial and Connector/Qualified Health Plans</th>
<th>MassHealth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorization required</td>
<td>X</td>
</tr>
<tr>
<td>No notification or authorization</td>
<td>X</td>
</tr>
<tr>
<td>Not covered</td>
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Overview
The purpose of this document is to describe the guidelines AllWays Health Partners utilizes to determine medical appropriateness for Mobile Cardiac Outpatient Telemetry (MCOT). The treating provider must request prior authorization for MCOT.

Mobile Cardiac Outpatient Telemetry: An integrated technology and services, which enables ECG recording and concurrent computerized real-time data analysis using EKG storage data greater than 24 hours, and ECG-triggered and patient-triggered events transmitted to a remote attended surveillance center for up to 30 days with a real-time analysis and response regardless of member location.

Coverage Guidelines
AllWays Health Partners covers MCOT for the treatment of some conditions when such treatment is recommended by the member's primary care physician or specialty provider and meets the medical necessity criteria indicated below. A cardiology consultation must be planned.

Mobile Cardiac Outpatient Telemetry
AllWays Health Partners covers medically necessary MCOT for one session (i.e., up to 30 days) for members who meet all of the following criteria:

1. Other appropriate testing and/or monitoring (i.e., hospital inpatient telemetry, outpatient continuous rhythm recording, i.e. Holter monitor, or autoactivated rhythm event recording with symptom related memory loop, i.e. event monitor) have been unrevealing.

2. Purpose of MCOT is for evaluating one of the following:
   a. To diagnose the cause of symptoms that are suspected to be caused by an arrhythmia including:
      i. Dizziness
      ii. Syncope
      iii. Pre- syncope
      iv. Palpitations
   b. Evaluation of an arrhythmia during initiation, revision, or discontinuation of anti-arrhythmic drug therapy;
   c. Evaluation of an arrhythmia during recovery from surgical or ablative procedure for arrhythmia or myocardial infarction;
   d. Evaluation of atrial fibrillation as possible etiology after cryptogenic stroke.

AllWays Health Partners includes AllWays Health Partners, Inc., and AllWays Health Partners Insurance Company
**Exclusions**

AllWays Health Partners does not provide coverage for MCOT for conditions that do not meet the criteria noted above.

**Definitions**

Arrhythmia: Irregular heart action secondary to a physiological or pathological disturbance in the discharge of electrical impulses or in the electrical transmission that cause dysfunction of the heart pumping mechanism. Examples of arrhythmia include bradycardia and tachycardia. Serious arrhythmias include ventricular tachycardia (VT) and ventricular fibrillation (VF). Both VT and VF are the primary causes of sudden death.

Presyncope: Symptoms of dizziness or lightheadedness without loss of consciousness.

**Authorized Codes**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Code Description</th>
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<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 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</td>
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<tr>
<td>93229</td>
<td>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</td>
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**Effective**

March 2019: Annual review. Updated references.
March 2018: Annual review. Added clarifying sentence to coverage guidelines. Removed age restriction of 18 years old under criteria section.
April 2017: Annual review.
April 2016: Annual review.
April 2015: Annual review, no significant changes.
April 2014: Annual review, no significant changes.
April 2013: Annual review, no significant changes.
January 2012: Effective Date.

**References**

