**Medical Policy**  
**Mobile Cardiac Outpatient Telemetry**

**Document Number:** 010

<table>
<thead>
<tr>
<th></th>
<th>Commercial and Connector/Qualified Health Plans</th>
<th>MassHealth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorization required</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>No notification or authorization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not covered</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

**Coverage Guidelines**  
Medical necessity for Mobile Cardiac Outpatient Telemetry is determined through InterQual® criteria. AllWays Health Partners uses the Electrocardiography, Ambulatory criteria. To access the InterQual® Criteria Lookup Tool, log in to AllWays Health Partners’ Provider website at allwaysprovider.org. AllWays Health Partners covers Mobile Cardiac Outpatient Telemetry when recommended by the member’s primary care provider or referring specialist and when the request meets medical necessity criteria.

The following CPT codes require prior authorization:

**Authorized Codes**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Code Description</th>
</tr>
</thead>
<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 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>
</tr>
<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>
</tr>
</tbody>
</table>
Effective
October 2021: InterQual® criteria adopted. Revised coverage guidelines section. Removed the Exclusions and Definitions sections.
April 2021: Annual review. References updated.
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


