



Ambulatory Echocardiograph Monitoring

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

AECG monitoring is a valuable method for recording heart rhythms during an individual's daily activities, providing information on heart rhythm irregularities and waveform anomalies that might not be detected through standard ECG exams. This technology is developing quickly and includes various monitoring tools and applications. These include Holter Monitors, Event Recorders/Monitors, Patch Recorders, External Loop Recorders, Mobile Cardiovascular Telemetry, and different Cardiac Rhythm Monitors, each designed for specific monitoring needs. These devices are essential in diagnosing conditions such as palpitations and syncope, thereby aiding in the management of cardiac arrhythmias.

Policy Application

This policy pertains to a wide range of AECG monitoring devices, particularly those approved by the FDA. It delineates the conditions under which AECG monitoring is considered medically necessary and reasonable:

Medical Necessity Guidelines

Overall Requirements

- Before conducting AECG testing, a comprehensive cardiac evaluation should be performed, including a standard 12-lead ECG, a detailed cardiac history, and a physical examination, particularly if these assessments do not fully explain the patient's cardiac symptoms.
- AECG is advised to assist in developing or modifying treatment plans for patients at risk of cardiac arrhythmias.

Specific Conditions for AECG Use

- Symptoms like unexplained syncope, dizziness, chest pain, palpitations, or shortness of breath.
- Documented or suspected bradycardia (slow heart rates).
- Night-time arrhythmias.
- Evaluating average heart rates or the effectiveness of rate control in atrial fibrillation.
- Adjusting doses of anti-arrhythmic medications.
- Assessing outcomes of arrhythmia treatments, including post-ablation care.
- Determining prognosis following acute coronary syndrome.
- Managing pre-and post-cardiac defibrillator programming.
- Investigating silent myocardial ischemia in suspected or confirmed coronary artery disease.
- Examining asymptomatic ventricular arrhythmias in specific cardiac conditions.
- Identifying hidden atrial fibrillation as a cause of stroke with no known origin.



Monitoring Duration

- A 24–48-hour monitoring period usually suffices for patients with daily symptoms.
- Monitoring duration should match the nature and frequency of symptoms.

Reimbursement Billing Guidelines

- Providers are required to use the appropriate Current Procedural Terminology (CPT) codes when billing for AECG monitoring services. Reimbursements will be made in accordance with the Molina Healthcare fee schedule, considering the policy's specified limits and conditions.

Audit and Recovery Procedures

- Post-payment audits may be conducted to ensure compliance with policy, CMS guidelines, and state Medicaid regulations.
- If discrepancies are identified, claims that do not align with established guidelines will be subject to recovery actions.

This policy aims to outline the criteria for authorizing and reimbursing AECG monitoring to ensure patients receive proper cardiac care.

Supplemental Information

Definitions

| Term | Definition |
|------|---|
| CMS | the Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards. |

Documentation History

| Type | Date | Action |
|--------------|------|--------|
| Published | | |
| Revised Date | | |

References

Please note that state-specific guidance may impact this policy and should be reviewed and followed accordingly.

| State/Agency | Document Name/Description | Link/Document |
|--------------|---|--|
| CMS | Ambulatory Electrocardiograph (AECG) Monitoring | LCD - Ambulatory Electrocardiograph (AECG) Monitoring (L39490) (cms.gov) |



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| CMS | Billing and Coding: Ambulatory Electrocardiograph Monitoring | Article - Billing and Coding: Ambulatory Electrocardiograph (AECG) Monitoring (A59268) (cms.gov) |
| CMS | Electrocardiographic (EKG or ECG) Monitoring (Holter or Real-Time Monitoring) | Article - Billing and Coding: Electrocardiographic (EKG or ECG) Monitoring (Holter or Real-Time Monitoring) (A57476) (cms.gov) |

Disclaimer's

This policy is subject to updates based on changes in legal or regulatory guidelines. Providers are encouraged to regularly review policy updates published on Molina Healthcare's provider website. This policy is designed to provide guidance and is not a guarantee of payment. Healthcare providers should make medical necessity determinations based on the individual clinical circumstances of each patient.

CODING DISCLAIMER. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed