Cardio Policy:

Patient Activated Event Recorder

POLICY NUMBER UM CARDIO_1085	**SUBJECT** Patient Activated Event Recorder		**DEPT/PROGRAM** UM Dept	**PAGE 1 OF 3**
DATES COMMITTEE REVIEWED 04/01/11, 11/07/12, 08/22/13, 06/28/14, 05/15/15, 08/12/15, 11/28/16, 12/21/16, 10/31/17, 02/13/19, 02/21/19, 05/08/19, 12/11/19, 06/10/20, 05/12/21, 07/14/21, 08/11/21, 07/13/22, 05/10/23, 12/20/23	**APPROVAL DATE** December 20, 2023	**EFFECTIVE DATE** December 22, 2023	**COMMITTEE APPROVAL DATES** 04/01/11, 11/07/12, 08/22/13, 06/28/14, 05/15/15, 08/12/15, 11/28/16, 12/21/16, 10/31/17, 02/13/19, 02/21/19, 05/08/19, 12/11/19, 06/10/20, 05/12/21, 07/14/21, 08/11/21, 07/13/22, 05/10/23, 12/20/23	
PRIMARY BUSINESS OWNER: UM		**COMMITTEE/BOARD APPROVAL** Utilization Management Committee		
URAC STANDARDS HUM v8: UM 1-2; UM 2-1	**NCQA STANDARDS** UM 2		**ADDITIONAL AREAS OF IMPACT**	
CMS REQUIREMENTS	**STATE/FEDERAL REQUIREMENTS**		**APPLICABLE LINES OF BUSINESS** Commercial, Exchange, Medicaid	

I. PURPOSE

Indications for determining medical necessity of patient-activated event recorder.

II. DEFINITIONS

An event monitor, or event recorder, is a patient-activated or event-activated EKG device attached to a patient, which records cardiac rhythm at the onset of symptoms. For patient-activated event monitors, the patient initiates recording when symptoms appear or when instructed to do so by a physician (e.g., following exercise). For self-sensing automatically triggered monitors, an EKG is automatically recorded when the device detects an arrhythmia, without patient intervention. Some devices permit a patient to transmit EKG data trans-telephonically (i.e., via telephone) to a receiving center where the data is reviewed.

An appropriate diagnostic or therapeutic procedure is one in which the expected clinical benefit exceeds the risks or negative consequences of the procedure by a sufficiently wide margin such that the procedure is generally considered acceptable or reasonable care. The ultimate objective of AUC is to improve patient care and health outcomes in a cost–effective manner but is not intended to ignore ambiguity and nuance intrinsic to clinical decision making.

Appropriate Care- Median Score 7-9

May be Appropriate Care- Median Score 4-6

Rarely Appropriate Care- Median Score 1-3

III. POLICY

Indications for approving a request for medical necessity are:

A. Patient experiencing infrequent yet recurring, and/or transient symptoms suggestive of cardiac arrhythmia (palpitations, presyncope or syncope etc.) with no prior Event monitoring done within the last 3 months. **(AUC Score 7)**[1,2,3,4]

Note:

When the goal is to correlate the patient's rhythm or EKG pattern with symptoms that are very infrequent (at weekly intervals or more), the patient activated event recorder is the optimal choice, and a service request may be approved in the absence of prior monitoring for a shorter duration. However, if the patient's symptoms are of such brief duration (seconds) or severity (frank syncope) to preclude capture by such a unit, then a loop event recorder is required. It is important to correlate an abnormal rate and rhythm with cardiovascular symptomatology and determine the precise mechanism of the arrhythmia.

Limitations

A. Requests for services that are part of a surveillance protocol for patients who are involved in a clinical trial are considered out of scope (OOS) for New Century Health and cannot be reviewed.

IV. PROCEDURE

A. In order to review a request for medical necessity, the following items must be submitted for review:
   1. Progress notes which prompted the request
   2. Recent EKG (within 10 days) if applicable
   3. Most recent Holter monitor results, if available

B. Primary codes appropriate for this service:

93268 - (Complete Event Monitor- recording, transmission, analysis, review and interpretation)

93270 -Recording (including connection, recording and disconnection)

93271 –Transmission and Analysis

93272 – Review and interpretation

V. APPROVAL AUTHORITY

A. Review – Utilization Management Department

B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

A. None

VII. REFERENCES

1. Centers for Medicare and Medicaid Services. National Coverage Determinations (NCD) (20.15). Electrocardiographic Services. Retrieved from https://www.cms.gov [Accessed December 19, 2023].
2. Centers for Medicare and Medicaid Services. Michigan Local Coverage Determination (LCD) L34636. Long-Term Wearable Electrocardiographic Monitoring (WEM). Retrieved from https://www.cms.gov [Accessed December 19, 2023].

3. Calkins H, Brugada J, et al. HRS/EHRA/ECAS expert Consensus Statement on catheter and surgical ablation of atrial fibrillation: recommendations for personnel, policy, procedures and follow-up. A report of the Heart Rhythm Society (HRS) Task Force on catheter and surgical ablation of atrial fibrillation. Heart Rhythm. June 2007, Volume 4, Issue 6, Pages 816-861.
4. Robert C. Hendel MD, FACC, FAHA, FASNC, et al. Appropriate use of cardiovascular technology: 2013 ACCF appropriate use criteria methodology update: a report of the American College of Cardiology Foundation appropriate use criteria task force. Journal of the American College of Cardiology. March 2013, Volume 61, Issue 12, Pages 1305-1317.
5. NCQA UM 2023 Standards and Elements.