

# Cardio Policy:

## Cardiac Telemetry

<b>POLICY NUMBER</b> UM CARDIO_1112	<b>SUBJECT</b> Cardiac Telemetry		<b>DEPT/PROGRAM</b> UM Dept	<b>PAGE 1 OF 2</b>
<b>DATES COMMITTEE REVIEWED</b> 07/22/11, 12/12/12, 08/22/13, 06/28/14, 08/12/15, 11/23/16, 12/21/16, 10/31/17, 02/13/19, 02/21/19, 04/24/19, 05/08/19, 12/11/19, 06/10/20, 05/12/21, 08/11/21, 07/13/22, 07/18/23, 12/20/23	<b>APPROVAL DATE</b> December 20, 2023	<b>EFFECTIVE DATE</b> December 22, 2023	<b>COMMITTEE APPROVAL DATES</b> 07/22/11, 12/12/12, 08/22/13, 06/28/14, 08/12/15, 11/23/16, 12/21/16, 10/31/17, 02/13/19, 02/21/19, 04/24/19, 05/08/19, 12/11/19, 06/10/20, 05/12/21, 08/11/21, 07/13/22, 07/18/23, 12/20/23	
<b>PRIMARY BUSINESS OWNER:</b> UM		<b>COMMITTEE/BOARD APPROVAL</b> Utilization Management Committee		
<b>NCQA STANDARDS</b> UM 2		<b>ADDITIONAL AREAS OF IMPACT</b>		
<b>CMS REQUIREMENTS</b>	<b>STATE/FEDERAL REQUIREMENTS</b>		<b>APPLICABLE LINES OF BUSINESS</b> Commercial, Exchange, Medicaid	

### I. PURPOSE

Indications for determining medical necessity for Cardiac Telemetry.

### II. DEFINITIONS

Cardiac telemetry is a means of sending a real-time tracing of the electrical activity of the heart to a view screen somewhere within the vicinity of the patient's telemetry monitor. Cardiac telemetry can also be sent from home using a base station.

### III. POLICY

#### Indications for approving a request for medical necessity are:

- A. The patient requires monitoring for known non-life-threatening arrhythmias such as Paroxysmal atrial fibrillation, other paroxysmal supraventricular arrhythmias, brady-arrhythmias, or intermittent bundle branch block with no prior cardiac telemetry done within the last 3 months. **(AUC Score 7)<sup>1,2,3,4</sup>**
- B. The patient is recovering from cardiac surgery and has documented atrial arrhythmias with no prior cardiac telemetry done since cardiac surgery. **(AUC Score 7)<sup>1,2,3,4</sup>**
- C. The patient presents with recurrent severe symptoms (i.e., recurrent syncope or presyncope) with no prior cardiac telemetry done within the last 3 months. **(AUC Score 7)<sup>1,2,3,4</sup>**

#### 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. Cardiologist or Electro physiologist progress note that prompted request
  - 2. Recent EKG (within 10 days), if available
  - 3. Most recent Holter or event monitor or device interrogation report, if available
- B. Primary codes appropriate for this service: 93228, 93229

## 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. Florida. Local Coverage Determination (LCD) (L33380). Long-Term Wearable Electrocardiographic Monitoring (WEM). Retrieved from <https://www.cms.gov> [Accessed December 19, 2023].
2. Joshi AK, Kowey PR, Prystowsky EN, et al. 'First Experience with a Mobile Cardiac Outpatient Telemetry (MCOT) System for the diagnosis and Management of Cardiac Arrhythmia.' American Journal of Cardiology, 2005;95(7).
3. Olson JA, Fouts AM, Padanilam BJ, et al. "Utility of Mobile Cardiac Outpatient Telemetry for the Diagnosis of Palpitations, Presyncope, Syncope, and the Assessment of Therapy Efficacy." Journal of Cardiovascular Electrophysiology, Accessed Online March 2007.
4. Prystowsky EN. "Assessment of Rhythm and Rate Control in Patients with Atrial Fibrillation." Journal of Cardiovascular Electrophysiology, 2006; 17(9) (supp).
5. NCQA UM 2023 Standards and Elements.