



Cardio Policy:

Cardiac Telemetry

POLICY NUMBER UM CARDIO_1112	SUBJECT Cardiac Telemetry		DEPT/PROGRAM UM Dept	PAGE 1 OF 2
DATES COMMITTEE REVIEWED 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	APPROVAL DATE July 13, 2022	EFFECTIVE DATE July 29, 2022	COMMITTEE APPROVAL DATES 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	
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 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:

- 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)^{1,2,3,4}**
- The patient is recovering from cardiac surgery and has documented atrial arrhythmias with no prior cardiac telemetry done since cardiac surgery. **(AUC Score 7)^{1,2,3,4}**
- 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)^{1,2,3,4}**

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> April 24th, 2019.
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 2022 Standards and Elements.