Medical Policy:
Ambulatory ECG with MCOT or Continuous Computerized Daily Monitoring with or without Auto-Detection (Medicare)

<table>
<thead>
<tr>
<th>POLICY NUMBER</th>
<th>DATE OF LAST REVIEW</th>
<th>APPROVED BY</th>
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<tbody>
<tr>
<td>M20200051</td>
<td>08/18/2020</td>
<td>MPC (Medical Policy Committee)</td>
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IMPORTANT NOTE ABOUT THIS MEDICAL POLICY:
Property of ConnectiCare, Inc. All rights reserved. The treating physician or primary care provider must submit to ConnectiCare, Inc. the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, ConnectiCare will not be able to properly review the request for prior authorization. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. The clinical review criteria expressed below reflects how ConnectiCare determines whether certain services or supplies are medically necessary. ConnectiCare established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). ConnectiCare, Inc. expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. Each benefit plan defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by ConnectiCare, as some plans exclude coverage for services or supplies that ConnectiCare considers medically necessary. If there is a discrepancy between this guideline and a member's benefits plan, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of the State of CT and/or the Federal Government. Coverage may also differ for our Medicare members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including including National Coverage Determinations (NCD), Local Coverage Determinations (LCD) and/or Local Medical Review Policies(LMRP). All coding and web site links are accurate at time of publication.

Definitions

| Ambulatory Electrocardiogram (ECG) with Mobile Cardiac Outpatient Telemetry (MCOT) | Real-time continuous attended cardiac monitoring systems, such as Mobile Cardiac Outpatient Telemetry™ (MCOT™), are defined as a real-time, outpatient cardiac monitoring system that is automatically activated and requires no patient intervention to either capture or transmit an arrhythmia when it occurs. Upon arrhythmia detection, the device utilizes the standard telephone line or wireless communications and transmits the electrocardiogram (EKG) waveform to the receiving center. The patient's physician is made aware of arrhythmias based on predetermined notification criteria, tailored to the patient by the physician. Real-time cardiac monitoring overcomes limitations of Holter monitors and patient-activated event recorders by providing continuous outpatient EKG monitoring for periods ranging up to several weeks. |
Guideline
MUST MEET **ALL** OF THE FOLLOWING:
1. Monitoring will be used for one of the following:
   a. Evaluation of symptoms of an arrhythmia;
   b. Evaluation of the response to antiarrhythmic drug therapy;
   c. Evaluation of myocardial infarction survivors;
   d. Assessment of individuals with coronary artery disease with active symptoms, to correlate chest pain with ST-segment changes;
   e. Evaluation of acute and subacute forms of ischemic heart disease;
   f. To detect arrhythmias in individuals who have ablative procedures;
   g. Transient ischemic episodes.

2. A 24-hour Holter monitor or a standard cardiac event monitor (i.e., external loop recorder) have failed to detect an arrhythmia or were non-diagnostic.

Examples of symptoms are:
1. Arrhythmias
2. Chest pain
3. Syncope
4. Vertigo
5. Palpitations
6. Transient ischemic episodes
7. Dyspnea

Limitation/Exclusion
Mobile Cardiac Outpatient Telemetry or Continuous Computerized Daily Monitoring with Auto-Detection is contraindicated in the following:
1. Individuals with a history of sustained ventricular tachycardia or documented occurrence of ventricular fibrillation
2. Individuals at risk for ventricular tachycardia or ventricular fibrillation individuals who should be hospitalized

Coding Criteria

<table>
<thead>
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<th>Applicable CPT Codes</th>
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<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>
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<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</td>
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| surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional |

References
National Coverage Determination (NCD) for Electrocardiographic Services (20.15)

https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=57476&ver=5&SearchType=Advanced&CovSelection=Local&ArticleType=B C%7cSAD%7cRTC%7cReg&PolicyType=Both&s=9&CptHpcsCode=93228&kq=true&bc=EAAAAABAAAAA A&


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Revision history

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<tr>
<td>08/21/2020</td>
<td>Reformatted and reorganized policy, transferred content to new template with new Medical Policy Number</td>
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<tr>
<td></td>
<td>Updated References-Added NCD (20.15) LCD article (A57476) LCD (L34636)</td>
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<tr>
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<td>Added Definitions</td>
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Review History- 10/29/08, 11/10/10, 11/09/11, 12/05/12, 12/03/14, 12/09/15