

MVP/Preferred Care BENEFIT INTERPRETATION
Ambulatory Holter Monitors and 30-day Cardiac Event Recorders/Monitors

Type of Policy

Diagnostic Testing

Codes

Holter Monitor

CPT Codes: 93224, 93225, 93226, 93227, 93230, 93231, 93232, 93233, 93235, 93236, 93237

ICD-9 Codes: 89.50, 89.52

ICD-9 Diagnosis Codes: 410.00-410.92, 411.0-411.89, 413.0-413.9, 415.19, 422.0, 422.90-422.99, 425.0-425.9, 426.0, 426.10-426.13, 426.6, 426.7, 426.81, 426.82, 426.89, 426.9, 427.0, 427.2, 427.31-427.32, 427.41-427.42, 427.5, 427.60-47.69, 427.81-427.89, 427.9, 429.0, 434.10-434.11, 434.10-434.11, 435.8, 435.780.2, 780.4, 785.0, 785.1, 996.01

Deleted: CPT 4 codes: 93224-93227, 93230-93233, 9325-93237¶

30- Day Cardiac Event Recorders/Monitors

CPT Codes: 93268-93272, 93727, 93012, 93014

ICD-9 Codes: 89.50, 89.52

ICD-9 Diagnosis Codes: 426.7, 426.89, 427.0, 427.1, 427.2, 427.31, 427.32, 427.41, 427.42, 427.89, 435.9, 780.2, 780.4, 785.1, 786.09, 995.2

Evidence Basis for Policy

Standard of Care. The procedure, device, or drug is accepted medical practice as evidenced by an abundance of scientific literature and well-designed clinical trials.

Description

Holter Monitors are portable electrocardiograph devices that record and store up to 24 hours of the patient's cardiac activity. The test is done in an ambulatory setting. A 24-hour Holter monitor is useful in diagnosing cardiac arrhythmias that occur daily and that might not be recorded in a standard electrocardiogram. The recording is completed either on a magnetic cassette, a digitized recorder or by specialized "real time" recorder.

Cardiac Event Recorders involve the use of long-term monitoring to evaluate patients with symptoms suggestive of cardiac arrhythmias such as palpitations, chest pain, dizziness, syncope, lightheadedness or shortness of breath for up to a 30-day period. These are patient activated devices that permit the patient to record an EKG upon manifestation of symptoms. These devices may also be patient activated or in response to a physician's order (e.g. immediately following strenuous physical activity). There are several types of Cardiac Event Recorders/Monitors:

- Non-continuous external loop devices: These are devices that are carried by the patient and applied to the lower part of the chest area when symptoms occur.
- Continuous external memory loop devices: These devices are worn continuously and can store EKG data. When symptoms occur, the patient activates the device or a sensing element within the device activates the device and the EKG is recorded from the memory loop for the preceding 30-90 seconds and for approximately one minute after.
- Implantable/Insertable continuous memory loop devices: These devices are implanted under the skin in the chest area as an outpatient procedure. When symptoms occur, the patient activates the device with a hand-held activator over the recorder to activate the storage of the EKG or the device is activated from a sensing element within the device. This device may be used for more than one year with a battery life of 14 months. After the year, the device has to be surgically removed. The implantable/ insertable loop recorder is covered only if a definitive cause for syncope is not established after a comprehensive evaluation. The evaluation should include:
 - complete history and physical examination;
 - electrocardiogram (ECG);
 - two negative or non-diagnostic 30-day pre-symptom memory loop patient demand recordings (may be either single or multiple event recordings, with or without 24-hour attended monitoring); and
 - negative or non-diagnostic tilt table testing.
- Home-based, real-time cardiac surveillance system: Also know as “Mobile Outpatient Cardiac Telemetry (MCOT). Cardionet is one vendor that provides this type of service. There is insufficient peer reviewed literature at this time that assesses the medical effectiveness of this service since there needs to be large well designed clinical trials to assess the use of MCOT and its value in improving clinical outcomes. *Coverage is available for Medicare members only.*

Indications/Criteria

Holter Monitors

Continuous 24-hour monitoring of an electrocardiogram in a symptomatic patient who is ambulatory or potentially ambulatory when ordered by a physician for one of the following reasons:

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- detecting transient episodes of cardiac dysrhythmia, permitting correlation of these episodes with cardiovascular symptomology;
- evaluation of the patient with symptoms of obscure etiology suggestive of cardiac arrhythmias;
- evaluation of arrhythmias in the patient with documented coronary artery disease, including the assessment of the immediate post-myocardial infarction patient;

or

- monitoring the effectiveness of anti-arrhythmic therapy; and
- monitoring members who have had surgical or ablative procedures for arrhythmias.

Insertable Loop Recorders (ILR)

An Insertable Loop Recorder (ILR) is indicated for members with syncope who have undergone recurrent but infrequent syncopal episodes which have defied diagnosis by conventional means and when **ALL** of the following are met:

- a cardiac arrhythmia is suspected as the cause of the symptoms; and
- non-invasive ambulatory monitoring consisting of two (2) negative or non-diagnostic 30-day pre-symptom memory loop member demand recordings fail to establish a definitive diagnosis because the symptoms occur so infrequently and unpredictably that the monitoring period may not have long enough to capture a diagnostic ECG; and
- tilt table testing is negative or non-diagnostic.

These members will frequently have a history of injury or even hospitalization directly attributed to prior syncopal events. (Syncope here is defined as a sudden but transient total loss of consciousness with spontaneous resolution.)

Cardiac Event Recorders

These devices must be ordered by a credentialed Cardiologist.

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Documentation submitted to include:

- complete history and physical;
- diagnosis; and
- clinical indication for use of this device such as:
 - monitoring for the purpose of regulating anti-arrhythmic medication;
 - monitoring patients who have had a recent surgical ablative procedure for arrhythmias;
 - assess pacemaker or defibrillator device functioning and programming for patients experiencing arrhythmic symptoms; or
 - assessment of symptoms that may be related to cardiac arrhythmias when not diagnosed by other modalities (e.g. Holter monitor, stress test, standard EKG's).

Exclusions/Limitations

Holter Monitors

- Holters are not covered for the detection of silent ischemia (i.e. patients without any symptoms suggestive of ischemia).
- Routine screening in the absence of signs, symptoms and complaints is not covered under Title XVIII of the Social Security Act, section 862(a)(7).
- The recording device furnished to the patient is simply one component of the diagnostic system and a separate charge for it will not be recognized under the durable medical equipment benefit.

Cardiac Event Recorders

- Use as a screening tool for future cardiac events without symptoms of arrhythmias.
- Outpatient monitoring on a recently discharged post-infarct patient.
- Use on a confused, comatose or other mentally impaired patient who would be unable to recognize symptoms or activate the recorder.
- Repeated use of this device within a year in the absence of new or recurrent undiagnosed symptoms.

Mobile Outpatient Cardiac Telemetry (MCOT)

The coverage of home based, real time cardiac surveillance systems is considered not medically necessary. Coverage of this service is based on member contract and regulatory requirements. Refer to Variation Section of this policy.

Variation for Medicare Products

Mobile Outpatient Cardiac Telemetry (MCOT) for Medicare Members only

Mobile Outpatient Cardiac Telemetry is indicated for the following:

- to detect, characterize, and document symptomatic transient arrhythmias; and
- to overcome problems in regulating antiarrhythmic drug dosage.

Based on the above covered indications, the following clinical scenarios would be considered:

- to detect the presence of symptomatic transient arrhythmias (where the limited frequency of the symptoms would render a 24-hour ambulatory electrocardiogram (Holter) unlikely to document the rhythm);
- to monitor the efficacy of antiarrhythmic drug dosages; or
- to monitor patients who have had surgical or ablative procedures for arrhythmias.

Deleted: Use of home based, real time cardiac surveillance systems, e.g. CardioNet, except for Medicare members. (See CMS Variation part of this policy).¶

References

1. [HealthNow New York Inc., Upstate Medicare Division: Local Coverage Decision: Ambulatory Electrocardiographic Monitoring \(Holter Monitor\). LCD Database ID Number L3619. Revised 2008. Available on-line @ www.umd.nycpic.com/cgi-bin/bookmgr.exe/BOOKS/CV003G04/FRONT.](#)
2. [HealthNow New York Inc., Upstate Medicare Division: Local Coverage Decision: Cardiac Event Detection. LCD Database ID Number L3778. Revised 2005. Available on-line @ www.umd.nycpic.com/cgi-bin/bookmgr.exe/BOOKS/CV008E03/FRONT.](#)
3. [HAYES brief™. Mobile Cardiac Outpatient Telemetry \(MCOT\) for Home Monitoring of Cardiac Patients \[Revised 06-01-07\] Lansdale, PA: HAYES, Inc.; ©2007 Winifred S. Hayes, Inc. Feb. 6, 2007.](#)
4. CMS Empire Medicare, [Ambulatory Electrocardiographic Monitoring \(Holter Monitor\) 2004.](#) Available at www.empiremedicare.com.
5. CMP Empire Medicare, [Cardiac Event Detection](#), revised 3/06. Available at www.empiremedicare.com.
6. CMS Empire Medicare, [Implantable Cardiac Loop Recorder](#), revised 1/06. Available at www.empiremedicare.com.

Approval(s) & Revision(s)

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Review:

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Approval:

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Note: For Preferred Care authorization requirements refer to Appendix A and Appendix B in the Referral/Prior Authorization/Notification Administrative Policy. You may also refer to the "Prior Authorization of Certain Prescription Drugs" for information on drugs that require prior authorization. Both policies are available on the *easyLink* for Providers at www.preferredcare.org.