Quartz

# Ambulatory ECG Monitoring

**Last Revision/Review Date: January 16, 2019** **P&P # C.6.20**

## A. Documentation Required:

1. Documentation of cardiac symptoms necessitating cardiac monitoring.
2. Order from Physician or Advanced Practice Provider (NP or PA).
3. Results and interpretation of a Holter Monitor test, telemetry report from an inpatient stay, and noninvasive (external loop recorders/ ZIO® Patch) monitoring if applicable.

## B. Criteria for Medical Necessity:

1. Cardiac monitoring by external loop recorder (e.g., ZIO® Patch) is considered medically necessary when **ONE** of the following criteria are met:

a.) Symptoms are occurring infrequently such that an arrhythmia is unlikely to be documented and diagnosed by a Holter monitor or recent Holter monitoring or 48 hr telemetry was non-diagnostic and the symptoms are consistent with cardiac arrhythmias which include **ONE** of the following:

i. Palpitations; **OR**
ii. Syncope; **OR**
iii. Lightheadedness; **OR**

b.) Further cardiac evaluation of the cause of cryptogenic stroke is needed after an initial atrial fibrillation work up including 24-hour Holter monitoring or inpatient telemetry monitoring is negative and the Patient has not had ZIO® Patch monitoring within past 1 year.

2. Initial cardiac monitoring by Implantable loop recorder (e.g., Reveal LINQ™) is medically necessary when **ONE** of the following criteria are met:

a) Patient has recurrent, unexplained symptoms consistent with cardiac arrhythmias (palpitations, syncope or lightheadedness) and previous trial of non-invasive ambulatory ECG monitoring/recording (e.g., ZIO® Patch) was not successful in capturing infrequent occurring events **OR** symptoms occur infrequently (e.g., less than once a month), and are unlikely to be captured with noninvasive (external loop recorders/ ZIO® Patch) monitoring.

b) Further cardiac evaluation of the cause of cryptogenic stroke is needed after an initial atrial fibrillation, work up including 24-hour Holter monitoring or inpatient telemetry monitoring **AND** noninvasive external loop recorders (e.g., ZIO® Patch) monitoring is negative.



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**C. Indications Considered Experimental, Investigational or not Medically Necessary:** (*Not all inclusive)*

1. Patients treated for atrial fibrillation to evaluate treatment response.
2. Asymptomatic patients.
3. Previous established diagnosis for same symptoms.
4. Patients with diagnosed atrial fibrillation who have been treated with catheter ablation when discontinuation of systemic anticoagulation is being considered.
5. Use of ZIO® Patch in patients with an external cardiac defibrillator or neurostimulator.
6. Use of AliveCor® Heart Monitor (iPhoneECG), Biotronik BioMonitor, Mobile patient management systems (e.g., BodyGuardian® Remote Monitoring System, and iHEART/Kardia Mobile), Self-monitoring ECG technologies or the ViSi Mobile® Monitoring System, Cardio Patch® for ambulatory ECG monitoring/recording, or the Angelmed Guardian Intracardiac Ischemia Monitoring Device.

**CPT/ HCPCS CODES:**

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| 0295T | External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation |
| 0296T | Recording (includes connection and initial recording) |
| 0297T | Scanning analysis with report |
| 0298T | Review and interpretation |
| 93229 | Technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional |
| 33282 | Implantation of patient-activated cardiac event recorder |

**REFERENCES:**


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