Policy
The Medical Management Department reviews referral requests for authorization of ambulatory ECG Monitoring.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee’s specific plan document must be referenced. The terms of an enrollee’s plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee’s specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure
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 using long term (>48 hour), continuous external ECG rhythm recording and storage (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.

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.
7. Replacement of batteries on Implantable loop recorders (e.g. Reveal Linq) that have been in place for 2 or more years in a patient who does not meet initial criteria for Implantable loop recorders or in a patient whose monitoring has been non-diagnostic.

CPT/ HCPCS Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>0295T</td>
<td>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</td>
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<tr>
<td>0296T</td>
<td>Recording (includes connection and initial recording)</td>
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<tr>
<td>0297T</td>
<td>Scanning analysis with report</td>
</tr>
<tr>
<td>0298T</td>
<td>Review and interpretation</td>
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<tr>
<td>33285</td>
<td>Insertion, subcutaneous cardiac rhythm monitor, including programming</td>
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</tbody>
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References


Hayes, Inc. Health Technology Assessment.


