



Ambulatory ECG Monitoring

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P&P # C.6.20

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 cardiac rhythm monitoring (ECG), telemetry report from an inpatient stay, or noninvasive ambulatory monitoring (e.g. Holter monitor, Zio® Patch, external loop recorders) if applicable.

B. Criteria for Medical Necessity:

1. Cardiac monitoring using long term (>48 hour), continuous external ECG rhythm recording and storage (CPT/HCPCS Codes 0295T – 0298T, 33285) (e.g., Zio® Patch, CAM™ Patch, BodyGuardian®) 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 ≤48 hour external ambulatory ECG monitor (e.g. 48-hour Holter monitor) or recent ambulatory ECG monitor, inpatient or outpatient 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 a ≤48 hour external ambulatory ECG monitoring or inpatient telemetry monitoring is negative, and the Patient has not had > 48 hour ambulatory ECG monitoring (e.g., Zio® Patch, CAM™ Patch, BodyGuardian®) monitoring within past 1 year.

2. Initial cardiac monitoring by Implantable loop recorder (e.g., Reveal LINQ™, Reveal™ XT) 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 noninvasive ambulatory ECG monitoring/recording (e.g., Zio® Patch, CAM™ Patch, BodyGuardian®) 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 ECG monitoring.
 - b) Further cardiac evaluation of the cause of cryptogenic stroke is needed after an initial atrial fibrillation, work up including 24-hour external ECG monitoring or inpatient telemetry monitoring **AND** noninvasive external loop recorders (e.g., Zio® Patch, CAM™ 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. Replacement of batteries or complete Implantable loop recorder devices (e.g. Reveal LINQ™, Reveal™ XT) 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

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
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming

References

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