

Medical Coverage Policy | Mobile Outpatient Cardiac Telemetry



EFFECTIVE DATE: 09|25|2007
POLICY LAST UPDATED: 11|05|2013

OVERVIEW

There are a wide variety of devices available for outpatient cardiac rhythm monitoring. The primary purpose of these devices is the evaluation of suspected arrhythmias that have not been detected by office- or hospital-based monitoring. These devices differ in the types of monitoring leads used, the duration and continuity of monitoring, the ability to detect arrhythmias without patient intervention, and the mechanism of delivery of the information from patient to clinician. This policy addresses Mobile Outpatient Cardiac Telemetry (MOCT)

PRIOR AUTHORIZATION

Not Applicable

POLICY STATEMENT

BlueCHiP for Medicare

MOCT is considered medically necessary.

NOTE: Medicare policy is developed separately from BCBSRI policy. Medicare policy incorporates scientific evidence with local expert opinion, and consideration of governmental regulations from CMS (Centers for Medicare and Medicaid Services), such as national coverage determinations or local coverage determinations, and the US Congress. BCBSRI policy is based upon peer-reviewed, scientifically controlled studies in the literature which demonstrate the superior health outcome of a service or treatment. In addition to benefit differences, CMS may reach different conclusions regarding the scientific evidence than does BCBSRI. BCBSRI and Medicare policies may differ; however, our BlueCHiP for Medicare members must be offered, at least, the same services as Medicare offers. (In some, but not all instances, BCBSRI offers more benefits than does Medicare).

Commercial:

MOCT is considered not medically necessary as there is insufficient peer-reviewed scientific literature that demonstrates that the procedure/service is superior to other available approaches.

MEDICAL CRITERIA

None.

BACKGROUND

Ambulatory event monitors store the recorded data, which are ultimately transmitted either to a physician's office or to a central recording station. In contrast, outpatient cardiac telemetry provides real-time monitoring and analysis. For example, CardioNet® Inc. (Conshohocken, PA) offers mobile cardiac outpatient telemetry. In this system, the patient wears a 3-lead sensor, which constantly communicates with the CardioNet monitor, a lightweight unit that can be carried in a pocket or a purse. When an arrhythmia is detected according to preset parameters, the EKG is automatically transmitted to a central CardioNet service center, where the EKG is immediately interpreted, with results sent to the referring physician. The referring physician can request the level and timing of response, ranging from daily reports to stat results. Other

systems for outpatient cardiac telemetry include the HEARTLink II™ system (Cardiac Telecom Corp.), the Vital Signs Transmitter (VST™, Biowatch Medical, Columbia, SC), and the LifeStar™ Ambulatory Cardiac Telemetry (ACT) system (Card Guard Scientific Survival Ltd., Israel). The CardioNet system has a built-in cellular telephone that automatically transmits signals when the patient is away from home

Published literature regarding outpatient cardiac telemetry was reviewed, with a specific focus on whether outpatient cardiac telemetry was associated with incremental benefit compared to the use of ambulatory event monitors. Of specific interest was the benefit of real-time monitoring in an ambulatory population, presumably considered to be at a lower level of risk from significant arrhythmia such that an electrophysiologic study or inpatient telemetry was not required.

Current evidence on MCOT establishes that it does record cardiac electric signals, without patient activation, for subsequent analysis. Currently, the literature does not provide any adequate comparative data for MCOT compared to the autotrigger device. One retrospective, uncontrolled study reported that only a small minority of events (1%) detected by MCOT were potentially emergent. None of the available studies have clearly shown an improvement in clinical utility as a result of using MCOT. Further studies are needed to compare MCOT with the autotrigger loop recorder in order to determine whether the faster response possible with real-time monitoring leads to improved outcomes. Thus, MCOT is considered not medically necessary as the clinical (health) outcomes with this technology have not been shown to be superior to other available approaches, yet MCOT is generally more costly than those alternative approaches.

COVERAGE

BlueCHiP for Medicare

Please refer to the member certificate, subscriber agreement, or benefit booklet for applicable machine test coverage/benefits.

Commercial:

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, or Benefit Booklet for applicable not medically necessary benefits/coverage

CODING

The following codes are covered for BC for Medicare only and not medically necessary for all other products:

93228 93229

RELATED POLICIES

None.

PUBLISHED

Provider Update	Jan 2014
Provider Update	Jan 2013
Provider Update	Jan 2012
Provider Update	Jan 2011
Provider Update	Dec 2009
Provider Update	Sept 2008

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11. Blue Cross and Blue Shield Association Medical Policy Reference Manual, Policy No. 2.02.08 Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry.

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