

Medical Policy



Title: **Ambulatory Event Monitors and Mobile Outpatient Cardiac Telemetry**

Professional

Original Effective Date: 4-1-07

Revision Date(s): 5-23-07, 6-6-08

Current Effective Date: 6-6-08

Institutional

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DESCRIPTION

Ambulatory Holter electrocardiography is a test in which the EKG is continuously recorded over an extended period of time, typically 24 to 48 hours, to evaluate symptoms suggestive of cardiac arrhythmias, i.e., palpitations, dizziness, or syncope.

Ambulatory event monitors (AEMs) were developed to provide longer periods of monitoring. The recorded EKGs are stored for future analysis or transmitted by telephone to a receiving station, where the EKGs can then be analyzed. AEMs can be used for extended periods of time, typically up to a month.

NOTE: Some event monitors discussed above may be patient activated, auto-activated, non-continuously recorded, or provide real time computerized analysis.

Outpatient cardiac telemetry provides monitoring and analysis of cardiac rhythm. When an arrhythmia is detected the EKG is automatically transmitted to a central center, where the EKG is immediately interpreted. Examples of these types of heart monitors available are: CardioNet Mobile Cardiac Outpatient Telemetry Service and Heartlink II Telemetry @ Home.

POLICY

Ambulatory Event Monitors

The use of external ambulatory event monitors may be considered medically necessary as a diagnostic alternative to Holter monitoring in patients who experience infrequent symptoms (less frequently than every 48 hours) suggestive of cardiac arrhythmias (i.e., palpitations, dizziness, or syncope).

Other uses of ambulatory event monitors are considered investigational, including but not limited to: monitoring effectiveness of antiarrhythmic therapy and detection of myocardial ischemia by detecting ST segment changes.

Outpatient Cardiac Telemetry

Outpatient cardiac telemetry is considered investigational. There is no documentation of impact on health outcomes.

CODING

Ambulatory event monitors may be coded as follows:

93268: Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30-day period of time; includes transmission, physician review, and interpretation.

The above CPT code represents an example of a bundled CPT code including all components of attended ambulatory event monitors monitoring and EKG analysis of all the recorded strips during a 30-day period. This code should be used when one provider bills for all services.

CPT codes 93270, 93271, and 93272 represent examples of unbundling code 93268, i.e. CPT code 93270 describes the hook-up, recording, and disconnection of an external device; CPT code 93271 describes the monitoring, receipt of transmissions, and analysis; and 93272 describes the physician review and interpretation of the EKG strips. Ambulatory event monitors monitoring services may supply the monitoring, receipt of transmissions, and analysis of the EKGs, i.e., CPT codes 93271 and 93272, but the provider supplies the hook-up and disconnection of the device, i.e., CPT code 93270. If this is the case, the unbundled codes may be used. It should also be noted that CPT code 93272 (physician review and interpretation) applies to all EKGs transmitted during a 30-day period; therefore, billing for each individual transmitted strip is not warranted.

REVENUE CODE

073X

CPT/HCPCS

- | | |
|-------|--|
| 93224 | Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; includes recording, scanning analysis with report, physician review and interpretation |
| 93225 | Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; recording (includes hook-up, recording, and disconnection) |
| 93226 | Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; scanning analysis with report |
| 93227 | Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; physician review and interpretation |

- 93230 Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; includes recording, microprocessor-based analysis with report, physician review and interpretation
- 93231 Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; recording (includes hook-up, recording, and disconnection)
- 93232 Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; microprocessor-based analysis with report
- 93233 Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; physician review and interpretation
- 93235 Electrocardiographic monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis utilizing a device capable of producing intermittent full-sized waveform tracings, possibly patient activated; includes monitoring and real-time data analysis with report, physician review and interpretation
- 93236 Electrocardiographic monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis utilizing a device capable of producing intermittent full-sized waveform tracings, possibly patient activated; monitoring and real-time data analysis with report
- 93237 Electrocardiographic monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis utilizing a device capable of producing intermittent full-sized waveform tracings, possibly patient activated; physician review and interpretation
- 93268 Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30-day period of time; includes transmission, physician review, and interpretation
- 93270 Recording (includes hook-up, recording, and disconnection)
- 93271 Monitoring, receipt of transmissions, and analysis
- 93272 Physician review and interpretation only

Outpatient Cardiac Telemetry is Experimental / Investigational

- S0345 Electrocardiographic monitoring utilizing a home computerized telemetry station with automatic activation and real-time notification of monitoring station, 24-hour attended monitoring, including recording, monitoring, receipt of transmissions, analysis, and physician review and interpretation; per 24-hour period
- S0346 Electrocardiographic monitoring utilizing a home computerized telemetry station with automatic activation and real-time notification of monitoring station, 24-hour attended monitoring, including recording, monitoring, receipt of transmissions, and analysis; per 24-hour period
- S0347 Electrocardiographic monitoring utilizing a home computerized telemetry station with automatic activation and real-time notification of monitoring station, 24-hour attended monitoring, including physician review and interpretation; per 24-hour period

DIAGNOSES

These diagnoses are otherwise subject to medical policy as stated above.

426.0	Atrioventricular block, complete
426.10	Atrioventricular block, other and unspecified
426.11	First degree atrioventricular block
426.12	Mobitz (type) II atrioventricular block
426.13	Other second degree atrioventricular block
426.2	Left bundle branch hemiblock
426.3	Other left bundle branch block
426.4	Right bundle branch block
426.50	Bundle branch block, unspecified
426.51	Right bundle branch block and left posterior fascicular block
426.52	Right bundle branch block and left anterior fascicular block
426.53	Other bilateral bundle branch block
426.54	Trifascicular block
426.6	Other heart block
426.7	Anomalous atrioventricular excitation
426.81	Lown-Ganong-Levine syndrome
426.82	Long QT syndrome
426.89	Other specified conduction disorders
426.9	Conduction disorder, unspecified
427.0	Paroxysmal supraventricular tachycardia
427.1	Paroxysmal ventricular tachycardia
427.2	Paroxysmal tachycardia, unspecified
427.31	Atrial fibrillation
427.32	Atrial flutter
427.41	Ventricular fibrillation
427.42	Ventricular flutter
427.5	Cardiac arrest
427.60	Premature beats, unspecified
427.61	Supraventricular premature beats
427.69	Premature beats, other
427.81	Sinoatrial node dysfunction
427.89	Other specified cardiac dysrhythmias, other
427.9	Cardiac Dysrhythmia
780.2	Syncope and collapse
780.4	Dizziness and giddiness
785.0	Tachycardia, unspecified
785.1	Palpitations

REVISIONS

Effective 05-01-2007	<ul style="list-style-type: none"> In "Coding" Diagnoses section, added 426.89 per Medical Director.
Effective 05-23-2007	<ul style="list-style-type: none"> Description section updated by inserting and enhancing discussion on patient activated and auto-activated monitors. Policy section revised by deleting from the first paragraph, "patient activated or auto-activated" from the sentence, "The use of patient activated or auto-activated external ambulatory event monitors may be considered medically necessary as a diagnostic alternative to Holter monitoring in patients who experience infrequent symptoms (less frequently than every 48 hours) suggestive of cardiac arrhythmias (i.e., palpitations, dizziness, or syncope)." Coding section wording was clarified. CPT codes 93227, 93230, 93231, 93232, 93233, 93235, 93236, and 93237 were added. References were updated.
Effective 06-06-2008	<p>In Coding Diagnoses section:</p> <ul style="list-style-type: none"> Added diagnosis codes 780.2 and 780.4 as they had been inadvertently removed during a prior revision.

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Government Agency; Medical Society; and Other Authoritative Publications

1. Blue Cross and Blue Shield of Kansas Cardiology Liaison Committee, April 27, 2005 (see Blue Cross and Blue Shield of Kansas Newsletter, Blue Shield Report. MAC-03-05).
2. Blue Cross and Blue Shield of Kansas Medical Advisory Committee, November 3, 2005 (see Blue Cross and Blue Shield of Kansas Newsletter, Blue Shield Report. MAC-03-05).
3. Blue Cross and Blue Shield Association Medical Policy Reference Manual No. 2.02.08, 2/2005.
4. Medicare Federal Register Vol. 59, Dec. 8, 1994, pg 63450.
5. Medicare Medical Policy Bulletin – Pennsylvania; Home-based, Real-Time Cardiac Surveillance System; Policy #M-60A; Pages 1-7; 7/15/2002.