MEDICAL POLICY

Cardiac: External Ambulatory Electrocardiography
(Medicare Only)

Effective Date: 6/1/2020

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Section: MED
Policy No: 433

Medical Policy Committee Approved Date: 5/19; 5/2020

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Medicare Only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

<table>
<thead>
<tr>
<th>Service</th>
<th>Medicare Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electrocardiographic Monitoring</td>
<td>• National Coverage Determination (NCD) for Electrocardiographic Services [20.15]¹</td>
</tr>
<tr>
<td></td>
<td>• Local Coverage Determination (LCD): Electrocardiographic (EKG or ECG) Monitoring (Holter or Real-Time Monitoring) [L34636]²</td>
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<tr>
<td></td>
<td>• Local Coverage Article: Billing and Coding: Electrocardiographic (EKG or ECG) Monitoring (Holter or Real-Time Monitoring) [A57476]³</td>
</tr>
</tbody>
</table>

BILLING GUIDELINES

- 0296T-0298T will be denied as not covered when billed with 0295T.
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## CPT/HCPCS CODES

### Medicare Only

**Prior Authorization Required**

<table>
<thead>
<tr>
<th>Mobile Cardiac Outpatient Telemetry (MCOT)</th>
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<tbody>
<tr>
<td>93228</td>
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<td>93229</td>
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</tbody>
</table>

### External Cardiac Loop Recorder (ELR)/Event Monitor

| 0497T | External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24 hour attended monitoring; in-office connection |
| 0498T | External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24 hour attended monitoring; review and interpretation by a physician or other qualified health care professional per 30 days with at least one patient-generated triggered event |

### No Prior Authorization Required

<table>
<thead>
<tr>
<th>External Cardiac Patch Recorder</th>
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<tbody>
<tr>
<td>0295T</td>
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<tr>
<td>0296T</td>
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<td>0297T</td>
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<td>0298T</td>
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</tbody>
</table>
### Holter Monitor

**93224**  
External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional

**93225**  
External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)

**93226**  
External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report

**93227**  
External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional

### External Cardiac Loop Recorder (ELR)/Event Monitor

**93268**  
External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional

**93270**  
External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)

**93271**  
External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis

**93272**  
External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional

### Unlisted Codes

All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy then **prior-authorization is required**.

**93799**  
Unlisted cardiovascular service or procedure

### DESCRIPTION

Long-Term ECG Monitoring is defined as a diagnostic procedure, which can provide continuous recording capabilities of ECG activities of the patient's heart while the patient is engaged in daily activities. These can include continuous, patient-demand or auto-detection devices. The purpose of these tests is to provide information about rhythm disturbances and waveform abnormalities and to note the frequency of their occurrence.
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INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case.

REFERENCES