

Subject: Mobile Cardiac Outpatient Telemetry™ (MCOT™) and
Real-time Continuous Attended Cardiac Monitoring Systems

Medical Policy #: 13.2

Original Effective Date: 05/28/2008

Status: Reviewed

Last Review Date: 12-13-2023

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

Real-time continuous attended cardiac monitoring systems, such as Mobile Cardiac Outpatient Telemetry™ (MCOT™), are defined as a real-time, outpatient cardiac monitoring system that is automatically activated and requires no patient intervention to either capture or transmit an arrhythmia when it occurs. Upon arrhythmia detection, the device utilizes the standard telephone line or wireless communications and transmits the electrocardiogram (EKG) waveform to the receiving center. The patient's physician is made aware of arrhythmias based on pre-determined notification criteria, tailored to the patient by the physician. Real-time cardiac monitoring overcomes limitations of Holter monitors and patient-activated event recorders by providing continuous outpatient EKG monitoring for periods ranging up to several weeks.

The receiving station must be staffed with qualified personnel who provide real-time surveillance while located at the receiving station. The qualified personnel must be able to read ECGs and rhythm recordings and be capable of directing the patient if it is determined by the qualified personnel that emergency care is required. Any transfer of ongoing surveillance services to other qualified personnel, including qualified personnel at another receiving station, must occur in a seamless manner with no gaps in patient surveillance. Surveillance must occur continuously, 24 hours a day, 7 days a week while the patient is wearing the device.

Coverage Determination

Prior Authorization is required. Logon to Pres Online to submit a request: <https://ds.phs.org/preslogin/index.jsp>

Presbyterian follows CMS LCD ([L39490](#)) Real Time, Outpatient Cardiac Telemetry for **Medicare, Commercial and Medicaid** members. Please refer to the related Local Coverage Article: Billing and Coding: Ambulatory Electrocardiograph (AECG) Monitoring, ([A59268](#)) for documentation requirements, utilization parameters and all coding information as applicable.

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

CPT CODE	Description
93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional
93229	External mobile cardiovascular telemetry with ECG recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other QHCP

ICD-10 CODE	See (A59268) for applicable ICD-10 code listings.
-------------	---

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

Reviewed by / Approval Signatures

Population Health & Clinical Quality Committee: Gray Clarke MD

Medical Director: Ana Maria Rael MD

Date Approved: 12-13-2023

References

1. CMS, Local Coverage Determination, Real-Time, Outpatient Cardiac Telemetry (L34997), revision date: 06/11/2023, R3 (RETIRED); Related Article (A52995) Date 06-11-2023, R3 (RETIRED) [Cited 07/26/2023].
2. CMS LCD (L39490)- Ambulatory Electrocardiograph (AECG) Monitoring, effective date 06-11-2023. [Cited 10/30/2023]
3. CMS LCA (A59268) Billing and Coding: Ambulatory Electrocardiograph (AECG) Monitoring, Revision Date: 10/01/2023, R2. [Cited 10/30/2023]
4. Hayes, Health Technology Assessment ARCHIVED), Mobile Cardiac Outpatient Telemetry (MCOT) (CardioNet Ambulatory ECG Monitor; CardioNet Inc.) For Home Monitoring of Cardiac Patients, Published September 23, 2011. Updated October 16, 2013. [Cited 10/30/2023]
5. Aetna, Cardiac Event Monitors, Number 0073, last reviewed 03/16/2023, next review: 01/11/2024 [Cited 10/30/2023]
6. Cigna, Ambulatory External and Implantable Electrocardiographic Monitoring, Effective Date 10/15/2023, Next review date: 01/15/2024 [Cited 10/30/2023]

Publication History

05-28-08	Original effective date
08-26-09	Review and revision
09-22-10	Review and revision
02-22-12	Review and revision
10-29-12	Removed deleted codes 93012 and 93014.
01-29-14	Presbyterian Policy Retired
01-29-14	Presbyterian now follows Aetna criteria #0073 and Novitas (L33075) criteria.
05-27-15	Annual Review. Novitas accessed L33075.
10-12-15	Update. CMS LCD L33075 (Retired) changed to L34997.
08-08-16	Update. Use of the Aetna policy has been discontinued and the CMS LCD L34997 will be used for all members. Accessed Novitas website. Policy unchanged since original effective date 10/1/2015.
01-25-17	Annual Review. Accessed LCD L34997. No changes.
05-22-19	Annual Review. There has been no change in content to the LCD-L34997 since 10/01/2015.
11-18-20	Annual Review. Reviewed by PHP Medical Policy Committee on 10-09-2020. No change. Continue to follow LCD L34997 for all LOBs and continue PA requirement for CPT: 93228 and 93229.
11-17-21	Annual review. Reviewed by PHP Medical Policy Committee on 10/27/2021. No change. Continue to follow LCD (L34997) and LCA (A52995) for all product lines. Continue PA requirement for 93228 and 93229. Codes 93228 and 93229 will be configured to pay for only those ICD-10 listed in A52995 for all product line.
11-16-22	Annual review. Reviewed by PHP Medical Policy Committee on 10-26-2022. No change. Continue to follow LCD (L34997) and LCA (A52995) for all product lines. Coverage determination guideline language removed and reformat to only include LCD/LCA weblinks. Continue PA requirement for 93228 and 93229. Remove previously configured ICD-10 configuration for 93228 and 93229 and continue PA requirement. Update on 07/26/2023: Update policy to follow LCD-L39490 and LCA-A59268 per retired LCD L34997 and LCA A52995 advisement.
12-13-2023	Annual review. Reviewed by PHP Medical Policy Committee on 11/01/2023. Continue to follow LCD-(L39490) and LCA-(A59268) for ALOB. Continue PA requirement for 93228 and 93229.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].