UnitedHealthcare

Reimbursement Policy

Electrocardiographic Services (NCD 20.15)

Policy Number	20.15	**Approved By**	UnitedHealthcare Medicare Reimbursement Policy Committee	**Current Approval Date**	09/25/2013

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

Table of Contents

Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

Electrocardiographic Services (NCD 20.15)

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Summary

Overview

1. An electrocardiogram (EKG) is a graphic representation of electrical activity within the heart. Electrodes placed on the body in predetermined locations sense this electrical activity, which is then recorded by various means for review and interpretation. EKG recordings are used to diagnose a wide range of heart disease and other conditions that manifest themselves by abnormal cardiac electrical activity.

   EKG services are covered diagnostic tests when there are documented signs and symptoms or other clinical indications for providing the service. Coverage includes the review and interpretation of EKGs only by a physician. There is no coverage for EKG services when rendered as a screening test or as part of a routine examination unless performed as part of the one-time, "Welcome to Medicare" preventive physical examination under section 611 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.
2. Ambulatory electrocardiography (AECG) refers to services rendered in an outpatient setting over a specified period of time, generally while a patient is engaged in daily activities, including sleep. AECG devices are intended to provide the physician with documented episodes of arrhythmia, which may not be detected using a standard 12-lead EKG. AECG is most typically used to evaluate symptoms that may correlate with intermittent cardiac arrhythmias and/or myocardial ischemia. Such symptoms include syncope, dizziness, chest pain, palpitations, or shortness of breath. Additionally, AECG is used to evaluate patient response to initiation, revision, or discontinuation of arrhythmic drug therapy.
3. The Centers for Medicare & Medicaid Services (CMS), through the national coverage determination (NCD) process, may create new ambulatory EKG monitoring device categories if published, peer-reviewed clinical studies demonstrate evidence of improved clinical utility, or equal utility with additional advantage to the patient, as indicated by improved patient management and/or improved health outcomes in the Medicare population (such as superior ability to detect serious or life-threatening arrhythmias) as compared to devices or services in the currently described categories below.

Descriptions of Ambulatory EKG Monitoring Technologies

1. Dynamic electrocardiography devices that continuously record a real-time EKG, commonly known as Holter™ monitors, typically record over a 24-hour period. The recording is captured either on a magnetic tape or other digital medium. The data is then computer-analyzed at a later time, and a physician interprets the computergenerated report. A 24-hour recording is generally adequate to detect most transient arrhythmias. Documentation of medical necessity is required for monitoring longer than 24 hours. The recording device itself is not covered as durable medical equipment (DME) separate from the total diagnostic service.
2. An event monitor, or event recorder, is a patient-activated or event-activated EKG device that intermittently records cardiac arrhythmic events as they occur. The EKG is recorded on magnetic tape or other digital medium.

   Cardiac event monitor technology varies among different devices. For patient-activated event monitors, the

patient initiates recording when symptoms appear or when instructed to do so by a physician (e.g., following exercise). For self-sensing, automatically triggered monitors, an EKG is automatically recorded when the device detects an arrhythmia, without patient intervention. Some devices permit a patient to transmit EKG data trans-telephonically (i.e., via telephone) to a receiving center where the data is reviewed. A technician may be available at these centers to review transmitted data 24- hours per day. In some instances, when the EKG is determined to be outside certain preset criteria by a technician or other non-physician, a physician is available 24-hours per day to review the transmitted data and to make clinical decisions regarding the patient. These services are known as "24-hour attended monitoring". In other instances, transmitted EKG data is reviewed at a later time and are, therefore, considered "nonattended."

Cardiac event monitors without trans-telephonic capability must be removed from the patient and taken to a location for review of the stored EKG data. Some devices also permit a "time sampling" mode of operation. The "time sampling" mode is not covered under ambulatory EKG monitoring technology. Some cardiac event monitoring devices with trans-telephonic capabilities require the patient to dial the phone number of a central EKG data reception center and initiate transmission of EKG data. Other devices use Internet-based in-home computers to capture and store EKG data. When such devices detect pre-programmed arrhythmias, data is automatically sent via modem and standard telephone lines to a central receiving center, or independent diagnostic testing facility (IDTF), where the data is reviewed. Internet-based in-home computer systems may also provide the receiving center with a daily computer-generated report that summarizes 24 hours of EKG data.

Certain cardiac event monitors capture electrical activity with a single electrode attached to the skin. Other devices may employ multiple electrodes in order to record more complex EKG tracings. Additionally, devices may be individually programmed to detect patient-specific factors, electrode malfunction, or other factors. Cardiac event monitors can be further categorized as either "pre-event" or "post-event" recorders, based on their memory capabilities:

a. Pre-symptom Memory Loop Recorder (MLR)

Upon detecting symptoms, the wearer presses a button, which activates the recorder to save (i.e., memorize) an interval of pre-symptom EKG data along with data during and subsequent to the symptomatic event. Self-sensing recorders (also known as eventactivated or automatic trigger) do not require patient input to capture these data. Single or multiple events may be recorded. The device is worn at all times, usually for up to 30 days.

- **Implantable (or Insertable Loop) Recorder (ILR)**

  Another type of pre-symptom MLR, it is implanted subcutaneously in a patient's upper left chest and may remain implanted for many months. An ILR is used when syncope is thought to be cardiac-related, but is too infrequent to be detected by either a Holter. monitor or a traditional pre-symptom MLR.

b. Post-symptom Recorder

The patient temporarily places this device against the chest when symptoms occur and activates it by pressing a button. These recorders represent old technology, as they do not include a memory loop. The device transmits EKG data telephonically in real-time and is usually used for up to 30 days.

Indications and Limitations of Coverage

- **Nationally Covered Indications**

The following indications are covered nationally unless otherwise indicated:

1. Computer analysis of EKGs when furnished in a setting and under the circumstances required for coverage of other EKG services.
2. EKG services rendered by an independent diagnostic testing facility (IDTF), including physician review and interpretation. Separate physician services are not covered unless he/she is the patient's attending or consulting physician.
3. Emergency EKGs (i.e., when the patient is or may be experiencing a lifethreatening event) performed as a laboratory or diagnostic service by a portable x-ray supplier only when a physician is in attendance at the time the service is performed or immediately thereafter.
4. Home EKG services with documentation of medical necessity.

5. Trans-telephonic EKG transmissions (effective March 1, 1980) as a diagnostic service for the indications described below, when performed with equipment meeting the standards described below, subject to the limitations and conditions specified below. Coverage is further limited to the amounts payable with respect to the physician's service in interpreting the results of such transmissions, including charges for rental of the equipment. The device used by the beneficiary is part of a total diagnostic system and is not considered DME separately. Covered uses are to:

a. Detect, characterize, and document symptomatic transient arrhythmias;

b. Initiate, revise, or discontinue arrhythmic drug therapy; or,

c. Carry out early post-hospital monitoring of patients discharged after myocardial infarction (MI); (only if 24-hour coverage is provided, see below).

Certain uses other than those specified above may be covered if, in the judgment of the local contractor, such use is medically necessary.

Additionally, the transmitting devices must meet at least the following criteria:

a. They must be capable of transmitting EKG Leads, I, II, or III; and,

b. The tracing must be sufficiently comparable to a conventional EKG.

24-hour attended coverage used as early post-hospital monitoring of patients discharged after MI is only covered if provision is made for such 24-hour attended coverage in the manner described below:

24-hour attended coverage means there must be, at a monitoring site or central data center, an EKG technician or other non-physician, receiving calls and/or EKG data; tape recording devices do not meet this requirement. Further, such technicians should have immediate, 24-hour access to a physician to review transmitted data and make clinical decisions regarding the patient. The technician should also be instructed as to when and how to contact available facilities to assist the patient in case of emergencies.

- **Nationally Non-covered Indications**

The following indications are non-covered nationally unless otherwise specified below:

1. The time-sampling mode of operation of ambulatory EKG cardiac event monitoring/recording.

2. Separate physician services other than those rendered by an IDTF unless rendered by the patient's attending or consulting physician.

3. Home EKG services without documentation of medical necessity.

4. Emergency EKG services by a portable x-ray supplier without a physician in attendance at the time of service or immediately thereafter.

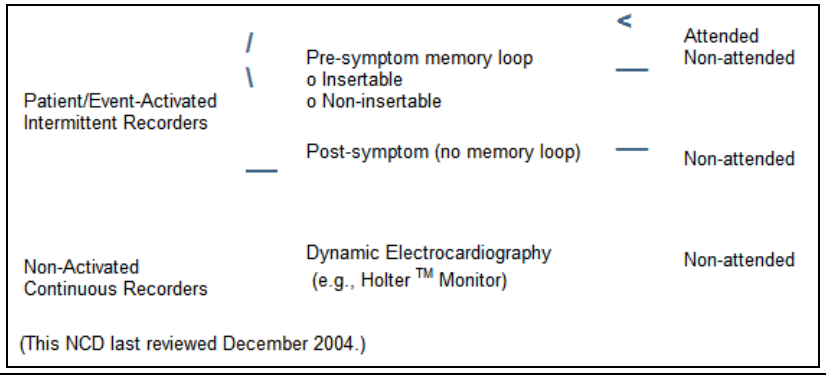
5. 24-hour attended coverage used as early post-hospital monitoring of patients discharged after MI unless provision is made for such 24-hour attended coverage in the manner described in section B.5. above.

6. Any marketed Food and Drug Administration (FDA)-approved ambulatory cardiac monitoring device or service that cannot be categorized according to the framework below.

- **Other**

Ambulatory cardiac monitoring performed with a marketed, FDA-approved device, is eligible for coverage if it can be categorized according to the framework below. Unless there is a specific NCD for that device or service, determination as to whether a device or service that fits into the framework is reasonable and necessary is according to local contractor discretion.

- **Electrocardiographic Services Framework**



Electrocardiographic Services (NCD 20.15)

CPT/HCPCS Codes	
Code	**Description**
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 (New code 01/01/2012)
0296T*	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; recording (includes connection and initial recording) (New code 01/01/2012)
0297T*	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; scanning analysis with report (New code 01/01/2012)
0298T*	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; review and interpretation (New code 01/01/2012)
*Do **not** report 0295T-0298T in conjunction with 93224-93272 for the same monitoring period.	
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only
93040	Rhythm ECG, 1-3 leads; with interpretation and report
93041	Rhythm ECG, 1-3 leads; tracing only without interpretation and report
93042	Rhythm ECG, 1-3 leads; interpretation and report only
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
93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) 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 electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) 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 qualified health care professional
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)

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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

References Included (but not limited to):

CMS NCD

NCD 20.15 Electrocardiographic Services

CMS LCD(s)

Numerous LCDs

CMS Article

One article

CMS Benefit Policy Manual

Chapter 1; § 50 Other Diagnostic or Therapeutic Items or Services

Chapter 6; § 10 Medical and Other Health Services Furnished to Inpatients of Participating Hospitals and § 20.3 Encounter Defined

Chapter 15; § 60.1 Incident To Physician's Professional Services and § 250 Medical and Other Health Services Furnished to Inpatients of Hospitals and Skilled Nursing Facilities

CMS Claims Processing Manual

Chapter 12; § 20.3(E) Bundled Services/Supplies (EKG Interpretations)

Chapter 13; § 100.1 X-rays and EKGs Furnished to Emergency Room Patients

Chapter 16; § 10 Background (Laboratory Services)

UnitedHealthcare Medicare Advantage Coverage Summaries

Cardiovascular Diagnostic Procedures

UnitedHealthcare Reimbursement Policies

External Electrocardiographic Recording

UnitedHealthcare Medical Policies

Outpatient Cardiovascular Telemetry

History

Date	Revisions
09/25/2013	• Annual review • MRP Committee approved
01/25/2012	• Annual review • NCD Committee approved

