BLUE CROSS OF NORTHEASTERN PA "BCNEPA" MEDICAL POLICY BULLETIN	**MANUAL:** MEDICAL POLICY
	REFERENCE NO.: MPO-490-0118
EFFECTIVE DATE April 1, 2014	**SUBJECT:** Cardiac Event Monitors

Blue Cross of Northeastern Pennsylvania ("BCNEPA") Medical Policy

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical policy and claims payment policy are applied. Policies are provided for informational purposes only and are developed to assist in administering plan benefits and do not constitute medical advice. Treating providers are solely responsible for medical advice and treatment. Policies are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and information are constantly changing and BCNEPA may review and revise its medical policies periodically. Also, due to the rapid pace of changing technology and the advent of new medical procedures, BCNEPA may not have a policy to address every procedure. In those cases, BCNEPA may review other sources of information including, but not limited to, current medical literature and other medical resources, such as Technology Evaluation Center Assessments (TEC) published by the Blue Cross Blue Shield Association. BCNEPA may also consult with health care providers possessing particular expertise in the services at issue.

I. DESCRIPTION:

Ambulatory event monitors (AEMs) were developed to evaluate episodes of cardiac symptoms (palpitations, dizziness, syncope) which, due to their infrequency, would escape detection on a standard 24-48 hour Holter monitor. The EKG recording device may be worn continuously and activated only when the patient experiences symptoms, or carried by the patient and applied when symptoms are present. The recorded data is stored and ultimately transmitted either to a physician's office or to a central recording station for review and interpretation.

Real-time outpatient cardiac monitoring utilizes an automatically activated device that requires no patient intervention to either capture or transmit an arrhythmia when it occurs. Upon arrhythmia detection, the device utilizes the standard telephone line and transmits the ECG waveform to the receiving center. The patient's physician is made aware of arrhythmias based on pre-determined notification criteria tailored to the patient.

II. BENEFIT POLICY STATEMENT:

BCNEPA makes decisions on coverage based on Policy Bulletins, benefit plan documents, and the member's medical history and condition. Benefits may vary based on product line, group or contract, therefore, Member benefits must be verified. In the event of a conflict between the Member's benefit plan document and topics addressed in Medical Policy Bulletins (i.e., specific contract exclusions), the Member's benefit plan document always supersedes the information in the Medical Policy Bulletins. BCNEPA determines medical necessity only if the benefit exists and no contract exclusions are applicable.

Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.

III. MEDICAL POLICY STATEMENT:

Coverage is subject to the terms, conditions, and limitations of the member's contract.

Ambulatory Event Monitors

A. BCNEPA will provide coverage for ambulatory event monitors when medically necessary.

1. 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, presyncope, or syncope).

2. The use of patient-activated or auto-activated external ambulatory event monitors may be considered medically necessary in patients with atrial fibrillation who have been treated with catheter ablation, and in whom discontinuation of systemic anticoagulation is being considered.

3. The use of implantable ambulatory event monitors, either patient activated or auto-activated, may be considered medically necessary only in the small subset of patients who experience recurrent symptoms so infrequently that a prior trial of other external ambulatory event monitors has been unsuccessful.

4. Other uses of ambulatory event monitors are considered investigational, including but not limited to monitoring effectiveness of antiarrhythmic medications, for patients with cryptogenic stroke, and detection of myocardial ischemia by detecting ST segment changes.

5. Continuous ambulatory monitors that record and store information for periods longer than 72 hours are considered investigational.

Outpatient Cardiac Telemetry

B. BCNEPA will not provide coverage for outpatient cardiac telemetry (also known as mobile cardiac outpatient telemetry or MCOT) as a diagnostic alternative in patients who experience infrequent symptoms (less frequently than every 48 hours) suggestive of cardiac arrhythmias (i.e., palpitations, dizziness, presyncope, or syncope) as this is considered not medically necessary.

C. BCNEPA will not provide coverage for other uses of outpatient cardiac telemetry, including but not limited to monitoring effectiveness of antiarrhythmic medications, for patients with cryptogenic stroke, and detection of myocardial ischemia by detecting ST segment changes, as these are considered investigational.

IV. DEFINITIONS:

Cardiac Event Detection Monitoring: Involves the recording of arrhythmia in patients where the symptoms may be significant but occur very infrequently. Consequently, the arrhythmia is difficult to identify on a 24 or 48 hour Holter monitor. Any device used for event recording must be capable of transmitting ECG leads I, II, or III and the transmission must be sufficiently comparable to readings obtained by a conventional ECG to permit proper interpretation of abnormal cardiac rhythms.

-PLEASE SEE CODING ON NEXT PAGE-

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BCNEPA CODING

Covered procedure codes are dependent upon meeting criteria of the policy and appropriate diagnosis code.
Benefits are determined by the Member's fully insured policy or the administrative services only agreement applicable to the Self-Funded plan Participant that is in effect at the time services are rendered.

PROCEDURE CODES

33282	93229	93271	93285	0295T
33284	93268	93272	93298	E0616
93228	93270	93281	93299	

ICD-9 DIAGNOSIS CODES

426.9	427.60	427.69	427.9	780.4
427.31	427.61	427.89	780.2	785.1

ICD-10 DIAGNOSIS CODES
INFORMATIONAL ONLY

I45.0	I45.5	I48.2	I49.3	R00.1
I45.10	I45.6	I48.91	I49.40	R00.2
I45.19	I45.81	I49.01	I49.49	R07.9
I45.2	I45.89	I49.02	I49.5	R42
I45.3	I45.9	I49.1	I49.8	R55
I45.4	I48.0	I49.2	I49.9	

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