

Cardio Policy:

Ambulatory EKG Monitoring

POLICY NUMBER UM CARDIO_1082	SUBJECT Ambulatory EKG Monitoring		DEPT/PROGRAM UM Dept	PAGE 1 OF 4
DATES COMMITTEE REVIEWED 04/01/11, 11/07/12, 08/22/13, 06/28/14, 05/15/15, 08/12/15, 11/28/16, 12/21/16, 10/31/17, 09/07/18, 02/13/19, 02/21/19, 05/08/19, 12/11/19, 05/13/20, 02/10/21, 08/11/21, 01/12/22, 07/13/22, 05/10/23, 12/20/23	APPROVAL DATE December 20, 2023	EFFECTIVE DATE December 22, 2023	COMMITTEE APPROVAL DATES 04/01/11, 11/07/12, 08/22/13, 06/28/14, 05/15/15, 08/12/15, 11/28/16, 12/21/16, 10/31/17, 09/07/18, 02/13/19, 02/21/19, 05/08/19, 12/11/19, 05/13/20, 02/10/21, 08/11/21, 01/12/22, 07/13/22, 05/10/23, 12/20/23	
PRIMARY BUSINESS OWNER: UM		COMMITTEE/BOARD APPROVAL Utilization Management Committee		
URAC STANDARDS HUM v8: UM 1-2; UM 2-1	NCQA STANDARDS UM 2		ADDITIONAL AREAS OF IMPACT	
CMS REQUIREMENTS	STATE/FEDERAL REQUIREMENTS		APPLICABLE LINES OF BUSINESS Commercial, Exchange, Medicaid	

I. PURPOSE

Indications for determining medical necessity for Ambulatory EKG Monitoring.

II. DEFINITIONS

Ambulatory EKG Monitoring is the continuous monitoring on an outpatient basis of the electrical activity of the heart while the patient undergoes their usual activities. The duration of the monitoring period should be long enough to capture heart rhythm abnormalities based on the patient's description of the frequency of their symptoms.

An appropriate diagnostic or therapeutic procedure is one in which the expected clinical benefit exceeds the risks or negative consequences of the procedure by a sufficiently wide margin such that the procedure is generally considered acceptable or reasonable care. The ultimate objective of AUC is to improve patient care and health outcomes in a cost-effective manner but is not intended to ignore ambiguity and nuance intrinsic to clinical decision making.

Appropriate Care- Median Score 7-9

May be Appropriate Care- Median Score 4-6

Rarely Appropriate Care- Median Score 1-3

III. POLICY

Indications for approving a request for medical necessity are:

- A. The patient complains of palpitations, and physical examination and standard EKG have not satisfactorily explained the patient's complaints. **(AUC Score 9)**^{1,2,3,5,6}

- B. The patient has experienced an unexplained syncopal episode, or the patient has experienced a transient episode of cerebral ischemia or documented CVA, which is felt to possibly be secondary to a cardiac rhythm disturbance. **(AUC Score 9)**^{1,2,3,,5,6}
- C. Holter monitor is appropriate if there is a recent change made in medications or in dosage of medication(s) for controlling the arrhythmia. **(AUC Score 8)**^{1,2,3,,5,6}
- D. The patient has a pacemaker and clinical findings (history or physical examination) suggest possible pacemaker malfunction. **(AUC Score 9)**^{1,2,3,,5,6}
- E. The patient has been found to have a significant cardiac arrhythmia or conduction disorder (see list below) and external cardiac monitoring is necessary as part of the evaluation and management of the patient **(AUC Score 9)**^{1,2,3,,5,6}
 - 1. Complete Heart Block
 - 2. Second Degree AV Block
 - 3. New Left Bundle Branch Block
 - 4. New Right Bundle Branch Block
 - 5. New Bi-fascicular Block
 - 6. Paroxysmal SVT
 - 7. Paroxysmal VT
 - 8. New Atrial Fib/Flutter
 - 9. Ventricular Fib/Flutter
 - 10. Cardiac Arrest
 - 11. New evidence SA Node Dysfunction
 - 12. Frequent PAC's
 - 13. Frequent PVC's
 - 14. Wandering Atrial Pacemaker

The frequency of the patient's symptoms should be elicited during the patient encounter. It is appropriate to monitor for up to 48 hours if the patient describes symptoms that occur daily. It may be more appropriate to initiate monitoring for periods longer than 48 hours only if the patient indicates that symptoms occur less frequently than 2-3 times per week.

Limitations:

- A. Requests for services that are part of a surveillance protocol for patients who are involved in a clinical trial are considered out of scope (OOS) for New Century Health and cannot be reviewed.

IV. PROCEDURE

- A. To review a request for medical necessity, the following items must be submitted for review:
 - 1. Progress note that prompted request
 - 2. Recent EKG (within 10 days) if applicable
 - 3. Most recent holster results if available
- B. Primary codes appropriate for this service:

- 93224- Up to 48 Hours (including recording, scanning analysis with report, review and interpretation)
- 93225- Recording
- 93226- Scanning and Analysis with Report
- 93227- Review and interpretation
- 93241- Up to 7 days (including recording, scanning analysis with report, review and interpretation)
- 93242- Recording
- 93243- Scanning and Analysis with Report
- 93244- Review and Interpretation
- 93245- 7-15 Days ((including recording, scanning analysis with report, review and interpretation)
- 93246- Recording
- 93247- Scanning and Analysis with Report
- 93248- Review and Interpretation

V. APPROVAL AUTHORITY

- A. Review – Utilization Management Department
- B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

- A. None

VII. REFERENCES

1. Centers for Medicare and Medicaid Services. National Coverage Determination (NCD) (20.15). Electrocardiographic Services. Retrieved from <https://www.cms.gov> [Accessed December 19, 2023].
2. Centers for Medicare and Medicaid Services. Florida Local Coverage Determination (LCD) L33380. Long-Term Wearable Electrocardiographic Monitoring (WEM). Retrieved from <https://www.cms.gov> [Accessed December 19, 2023].
3. Centers for Medicare and Medicaid Services. Michigan Local Coverage Determination (LCD) L34636. Long-Term Wearable Electrocardiographic Monitoring (WEM). Retrieved from <https://www.cms.gov> [Accessed December 19, 2023].
4. Sana M. Al-Khatib, et al. 2017 AHA/ACC/HRS Guideline for Management of Patients With Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death - A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society. *Circulation*. 2018; 138: e272–e391
5. Crawford MH, et al. ACC/AHA guidelines for ambulatory electrocardiography: executive summary and recommendations. A report of the American College of Cardiology/American Heart Association task force on practice guidelines. *Circulation*, Aug 1999, Volume 100, Issue 8, Pages 886-93.
6. Robert C. Hendel MD, FACC, FAHA, FASNC, et. al. Appropriate use of cardiovascular technology: 2013 ACCF appropriate use criteria methodology update: a report of the American

College of Cardiology Foundation appropriate use criteria task force. Journal of the American College of Cardiology. March 2013, Volume 61, Issue 12, Pages 1305-1317.

7. NCQA UM 2023 Standards and Elements.