Mobile Cardiac Outpatient Telemetry (MCOT)

State(s):	LOB(s):
☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*	☒ *Commercial* ☒ *Medicare* ☒ *Medicaid*

Enterprise Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determination are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Mobile Cardiac Outpatient Telemetry (MCOT) provides continuous outpatient electrocardiographic monitoring in real time. MCOT uses electrodes attached to the chest, a small sensor, and mobile monitor to continuously analyze heart rhythm data. The monitor must be within 30 feet of the patient to receive signals. Detection of an arrhythmia is automatically transmitted to a central surveillance station for further analysis and possible intervention.

Criteria

Commercial

Prior authorization is required.

A. PacificSource considers Mobile Cardiac Outpatient Telemetry (MCOT) medically necessary when **ALL** of the following criteria are met:

1. Use of a Holter Monitor or similar recording device did not detect suspected cardiac arrhythmia; and

2. Will be used for at least one of the following indications:

   a. To detect, characterize and document symptomatic transient arrhythmias; or
   b. To aid in regulation of initial and on-going anti-arrhythmic drug dosage; or
   c. To rule out occult atrial fibrillation as the cause of a Cryptogenic stroke; or
   d. To search for cause of syncope, near syncope, or dizziness of undetermined etiology; or
   e. To monitor patient who has had surgical or ablative procedures for arrhythmias.

Medicaid

PacificSource Community Solutions (PCS) follows the Oregon Health Plan (OHP) Diagnostic Procedure Codes (Procedure Group 1119) for coverage of Mobile Cardiac Outpatient Telemetry (MCOT).

Medicare

PacificSource Medicare follows Medicare CMS Cardiac Event Detection Monitoring Local Coverage Determination (LCD) L34953.

Coding Information

93228 Wearable Mobile Cardiovascular Telemetry with Events Transmitted To Center for up to 30 Days; Physician Review W Report

93229 Wearable Mobile Cardiovascular Telemetry with Events Transmitted to Center for up to 30 Days; Technical Support

Definitions

Atrial fibrillation – cardiac arrhythmia characterized by rapid uncoordinated contractions of the atria of the heart.

Cardiac arrhythmia – an alteration in rhythm of the heartbeat either in time or force.

Cryptogenic stroke – cerebral ischemia of obscure of unknown origin.

Holter monitor – Portable device that records heart rhythms continuously for up to 72 hours.

Syncope – transient loss of consciousness

References

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Appendix

Policy Number:

Effective: 6/4/2020 **Next review:** 5/1/2022

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s):

Commercial Ops: 6/2021

Government Ops: 6/2021