Mobile Cardiac Outpatient Telemetry (MCOT)

State(s):  ✔ Idaho  ✔ Montana  ✔ Oregon  ✔ Washington  ❏ Other:

LOB(s):  ✔ 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 or MCT) 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

Preauthorization is required

PacificSource considers Mobile Cardiac Outpatient Telemetry (MCOT) medically necessary when use of a Holter Monitor or similar recording device did not detect suspected cardiac arrhythmia and ONE of the following are met:

- To detect, characterize and document symptomatic transient arrhythmias
- To aid in regulation of initial and on-going anti-arrhythmic drug dosage.
- To rule out occult atrial fibrillation as the cause of a Cryptogenic stroke
- Patients with infrequent (ie, weekly to monthly) syncope, near syncope, or dizziness of undetermined etiology
- To monitor patients who have had surgical or ablative procedures for arrhythmias

Medicaid

PacificSource Medicaid considers Mobile Cardiac Outpatient Telemetry (MCOT) diagnostic with no prior authorization required.
PacificSource Medicaid follows Oregon Health Plan (OHP) per Oregon Administrative Rules (OAR) 410-120-0000.

**Medicare**

PacificSource Medicare considers Mobile Cardiac Outpatient Telemetry (MCOT) diagnostic with no prior authorization required.

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

**References**

CMS Cardiac Event Detection Monitoring Local Coverage Determination (LCD) L34953

Hayes Mobile Cardiac Outpatient Telemetry Archived 10./22/2014


**Food and Drug Administration (FDA)**: The CardioNet ECG Monitor (Model 1001) with Arrhythmia Detection, February 1, 2002 [https://www.accessdata.fda.gov/cdrh_docs/pdf/K012241.pdf](https://www.accessdata.fda.gov/cdrh_docs/pdf/K012241.pdf)

**Appendix**

**Policy Number**: [Policy Number]

**Effective**: 6/4/2020  **Next review**: 6/1/2021

**Policy type**: Enterprise

**Depts**: Health Services

**Applicable regulation(s)**: N/A

**External entities affected**: N/A