Cardiac Monitoring
Holter and Event Monitors

**Benefit Policy Statement:**

**Holter Monitoring** is the continuous 24-hour monitoring of an electrocardiogram in a symptomatic patient. This diagnostic procedure provides a continuous record of the electrocardiographic activity of a patient’s heart while engaged in daily activities.

**Ambulatory Event Monitoring** uses a recording device that uses the same type of electrodes as a Holter monitor, but is meant to record events that occur less frequently than daily, and thus require studying for a longer time. The patient typically wears the device for 20 or 30 days.

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 pre-set criteria by a technician or other non-physician, a physician is available 24 hours per day to review the transmitted data and 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 "non-attended."

Both types of cardiac monitoring are a covered benefit for all lines of business when medically necessary.

**Benefit Policy Guidelines:**

The codes describing technical work may be billed by an independent diagnostic testing facility (IDTF) if they meet all requirements listed in the code description. They may bill the total component only if the physician interpreting the test is employed or contracted by the IDTF and is not billing for the interpretation separately.

There are several different types of ambulatory monitors. It is the practitioner’s choice to determine the type that is the most appropriate monitor for the patient.
Holter Monitors and Event Monitors do not require prior authorization

**LOB:**
Commercial – On exchange and off exchange
- ☒ Large group
- ☒ Small group
- ☒ Individual

**Examples of Claim Adjudication Scenarios:**
The ordering practitioner may have the capacity to perform all services related to cardiac monitoring or they use an independent diagnostic testing facility (IDTF) or a combination of each. Depending on the practitioner’s capabilities they may not bill for the service or they bill for the professional and/or technical components. In the case where the ordering practitioner does not bill, the IDTF will submit a claim.

**Member Cost-Sharing: Copay/deductible according to benefit summary**
1. If an office visit is billed at any time, the applicable office visit copay would apply.
2. If the member is subject to deductible (i.e.: excludes gold plan, etc.), then it goes to the deductible. If the deductible has been met or there is no deductible, then no member cost share would apply except for applicable copays/coinsurance.

**Provider Guidelines:**
The services comprising Holter monitoring can be reported by using one Current Procedural Terminology (CPT®) code for the global service, or they can be reported by using a combination of the professional and technical component codes as follows:

- **Continuous up to 48-hour Monitoring** (CPT codes 93224-93227)
  - Includes a coverage period of up to 48-hours for one unit of service. No other EKG monitoring codes can be billed simultaneously with these codes.

- **Ambulatory cardiac event monitor technology** (CPT codes 93268-93272)
  - 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 pre-set criteria by a technician or other non-physician, a physician is available 24 hours per day to review the transmitted data and make clinical decisions regarding the patient. These services are known as 24

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Proprietary and Confidential
Benefit Payment Guidelines are developed by HealthyCT to assist in administering plan benefits and constitute neither offers of coverage nor medical advice. This Guideline may contain only a partial, general description of plan or program benefits and does not constitute a contract. This Guideline may be updated and therefore is subject to change.

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External Mobile Cardiac Telemetry Monitors

- CPT code 93229 is the technical component of this service and includes all of the following within a course of treatment that includes up to 30 consecutive days of cardiac monitoring:
  - Patient hook-up and patient-specific instruction and education
  - Transmission and receipt of ECG
  - Analysis of ECG by non-physician personnel
  - Medical chart documentation including daily report, patient and/or physician interaction and response, and summary report at the end of the monitoring episode
  - Equipment maintenance.
  - All supplies necessary for completion of the monitoring

- CPT code 93228 is the professional component of this service and includes review and interpretation of each 24-hour cardiac surveillance as well as 24-hour availability and response to monitoring events within a course of treatment that includes up to 30 consecutive days of cardiac monitoring.

The following documentation requirements apply to all claims with CPT code 93228 and/or 93229:
  - The date of service must be reported as the date the patient was initially placed on the monitor.
  - A monitoring episode (one to 30 consecutive days) is reported as a unit of one.
  - Any additional claims with procedure code 93228 or 93229 for ECG arrhythmia detection and alarm system within an episode of care (one to 30 days after an initial service) will be denied.

Exclusions

- Non-medically necessary care
- Not covered when used for screening purposes

References


Document History

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<thead>
<tr>
<th>Date</th>
<th>Version</th>
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