



CLINICAL MEDICAL POLICY	
Policy Name:	Cardiac Event Detection Monitoring (L34953)
Policy Number:	MP-054-MC-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	03/01/2024; 03/01/2023; 03/01/2022; 02/13/2021; 02/17/2020; 03/18/2019; 06/01/2018
Retirement Date:	04/01/2024
Next Annual Review:	01/2024
Revision Date:	01/18/2023; 01/19/2022; 01/20/2021; 01/15/2020; 01/16/2019
Products:	Pennsylvania Medicare Assured
Application:	All participating and nonparticipating practitioners and facilities unless contractually precluded
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Policy History

Date	Activity
04/01/2024	Policy Retirement date
01/17/2024	QI/UM Committee review
01/17/2024	Policy to be retired, as LCD34953 and LCA A56600 were retired by CMS as of 06/11/2023. This policy is to be replaced by Highmark Wholecare policy MP-101-MC-PA 'Ambulatory Electrocardiograph (AECG) Monitoring (L39490)'.
04/01/2023	Provider Effective date
01/18/2023	QI/UM Committee review
01/18/2023	Annual Review: No changes to clinical criteria. Updated CMS hyperlinks. Updated 'Reference Sources' section. The following ICD-10 codes have been added: I47.21 and I47.29. The following ICD-10 code has been removed: I47.2, all per CMS guidance.
04/01/2022	Provider Effective date
01/19/2022	QI/UM Committee review
01/19/2022	Annual Review: No changes to clinical criteria. Added 'General Information' to Procedures section. Updated CMS links and Reference Sources sections. Updated the coding descriptions for the following CPT codes per AMA guidelines: 93268, 93270, 93271, & 93272.
03/15/2021	Provider Effective Date
01/20/2021	QI/UM Committee Review
01/20/2021	Annual Review: Reformatted policy, added links, and updated references.

03/16/2020	Provider Effective Date
01/15/2020	QI/UM Committee Review
01/15/2020	Annual Review: No criteria changes; minimal formatting changes; added place of service information; updated Reference Section; deleted ICD-10 diagnosis codes I48.1 & I48.2 and added I48.11, I48.19, I48.20 & I48.21 per LCD revisions.
03/18/2019	Provider Effective Date
01/16/2019	QI/UM Committee review
01/16/2019	Annual Review: Formatting changes; Removed the basic national CMS literature about CMS National Coverage Policy; no clinical criteria changes; removed hyperlinks from references
06/01/2018	Provider effective date
05/02/2018	Revision: Removed the word 'Covered' from the procedure and diagnosis code tables in Attachment A
03/21/2018	QI/UM Committee approval
03/06/2018	Initial policy developed

Disclaimer

Highmark WholecareSM medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark WholecareSM may provide coverage under the medical-surgical benefits of the Company's Medicare products for medically necessary Cardiac Event Detection Monitoring.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

Procedures

1. Cardiac Event Detection involves the use of a long-term monitor by patients to document a suspected or paroxysmal dysrhythmia. Following the recording of events, the patient transmits data via telephone to a physician's office or a specified station that is equipped and staffed to assess electrocardiographic data and to initiate appropriate management action. The device must be patient-activated.
2. Please review the specific National Coverage Determination (NCD) and Local Coverage Determination (LCD) information, and/or Local Coverage Article (LCA), as well as other CMS sources, using the links below.

3. Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark WholecareSM at any time pursuant to the terms of your provider agreement.

4. Place of Service

Please refer to the NCD, LCD, LCA or CMS guidelines for the place of service for cardiac event detection monitoring.

Coverage Determination and Links

Highmark WholecareSM follows the coverage determinations made by CMS as outlined in either the NCD or the state-specific LCD and/or LCA.

CMS Link

- [CMS Website](#)

NCD/LCD Links

- There are no current NCDs related to this topic.
 - Related NCD: [Electrocardiographic Services \(20.15\)](#)
- [LCD: Cardiac Event Detection Monitoring \(L34953\)](#)

Related LCD: [Independent Diagnostic Testing Facility \(IDTF\) \(L35448\)](#)

Article Links

- [LCA: Billing and Coding: Cardiac Event Detection Monitoring \(A56600\)](#)
 - Related LCA: [Independent Diagnostic Testing Facility \(IDTF\) \(A53252\)](#)

Reference Sources

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) Electrocardiographic Services. (20.15). Effective date August 26, 2004. Implementation date December 10, 2004. Accessed on December 30, 2022.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) Cardiac Event Detection Monitoring (L34953). Original Effective Date October 1, 2015. Revision Effective date October 17, 2019. Accessed on December 30, 2022.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) Independent Diagnostic Testing Facility (IDTF) (L35448). Original Effective Date October 1, 2015. Revision Effective date May 13, 2021. Accessed on December 30, 2022.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Article (LCA) Billing and Coding: Cardiac Event Detection Monitoring (A56600). Original Effective date June 13, 2019. Revisions Effective date October 1, 2022. Accessed on December 30, 2022.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Article (LCA) Billing and Coding: Independent Diagnostic Testing Facility (IDTF) (A53252). Original Effective date October 1, 2015. Revision Effective date December 8, 2022. Accessed on December 30, 2022.

Coding Requirements

Procedure Codes

CPT Code	Description
93268	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional
93270	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)
93271	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis
93272	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional

Diagnosis Codes

ICD-10 Code	Description
G45.9	Transient cerebral ischemic attack, unspecified
I25.82	Chronic total occlusion of coronary artery
I44.0	Atrioventricular block, first degree
I44.1	Atrioventricular block, second degree
I44.2	Atrioventricular block, complete
I44.30	Unspecified atrioventricular block
I45.5	Other specified heart block
I45.6	Pre-excitation syndrome
I45.81	Long QT syndrome
I45.89	Other specified conduction disorders
I45.9	Conduction disorder, unspecified
I46.2	Cardiac arrest due to underlying cardiac condition
I46.8	Cardiac arrest due to other underlying condition
I46.9	Cardiac arrest, cause unspecified
I47.0	Re-entry ventricular arrhythmia
I47.1	Supraventricular tachycardia
I47.21	Torsades de pointes
I47.29	Other ventricular tachycardia
I47.9	Paroxysmal tachycardia, unspecified

I48.0	Paroxysmal atrial fibrillation
I48.11	Longstanding persistent atrial fibrillation
I48.19	Other persistent atrial fibrillation
I48.20	Chronic atrial fibrillation, unspecified
I48.21	Permanent atrial fibrillation
I48.3	Typical atrial flutter
I48.4	Atypical atrial flutter
I48.91	Unspecified atrial fibrillation
I48.92	Unspecified atrial flutter
I49.01	Ventricular fibrillation
I49.02	Ventricular flutter
I49.1	Atrial premature depolarization
I49.2	Junctional premature depolarization
I49.3	Ventricular premature depolarization
I49.40	Unspecified premature depolarization
I49.49	Other premature depolarization
I49.5	Sick sinus syndrome
I49.8	Other specified cardiac arrhythmias
I67.841	Reversible cerebrovascular vasoconstriction syndrome
I67.848	Other cerebrovascular vasospasm and vasoconstriction
R00.0	Tachycardia, unspecified
R00.1	Bradycardia, unspecified
R00.2	Palpitations
R06.00	Dyspnea, unspecified
R06.09	Other forms of dyspnea
R06.3	Periodic breathing
R42	Dizziness and giddiness
R55	Syncope and collapse
Z09	Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm
Z86.74	Personal history of sudden cardiac arrest

Bill Type Codes

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type.

Code	Description
012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient
018x	Hospital - Swing Beds
021x	Skilled Nursing - Inpatient (Including Medicare Part A)
022x	Skilled Nursing - Inpatient (Medicare Part B only)
023x	Skilled Nursing - Outpatient
071x	Clinic - Rural Health
073x	Clinic - Freestanding
075x	Clinic - Comprehensive Outpatient Rehabilitation Facility (CORF)
077x	Clinic - Federally Qualified Health Center (FQHC)

085x	Critical Access Hospital
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Revenue Codes

In most instances, Revenue Codes are purely advisory.

Note: The contractor has identified the Bill Type and Revenue Codes applicable for use with the CPT/HCPCS codes included in this medical policy. Providers are reminded that not all CPT/HCPCS codes listed can be billed with all Bill Type and/or Revenue Codes listed. CPT/HCPCS codes are required to be billed with specific Bill Type and Revenue Codes. Providers are encouraged to refer to the CMS Internet-Only Manual (IOM) Pub. 100-04, Claims Processing Manual, for further guidance.

Code	Description
073X	EKG/ECG (Electrocardiogram) - General Classification

Reimbursement

Participating facilities will be reimbursed per their Highmark WholecareSM contract.