curative

TITLE:	CARDIAC EVENT MONITORS POLICY
POLICY #:	MM-PNP-009
VERSION #:	01
DEPARTMENT:	MEDICAL MANAGEMENT
ORIGINAL EFFECTIVE DATE:	10/01/2023
CURRENT REVISION DATE:	N/A

1. PURPOSE

This Clinical Policy addresses cardiac event monitors.

2. SCOPE

Medical UM Department.

3. DEFINITIONS

3.1. N/A

4. POLICY

Medical Necessity
Curative considers the following cardiac event monitors medically necessary when applicable criteria are met.

External Intermittent Cardiac Event Monitors
External intermittent cardiac event monitors (i.e., external loop recorders) and external intermittent cardiac event monitors with real-time data transmission and analysis (e.g., eCardio, eVolution) for *any* of the following conditions:

- To document a suspected arrhythmia in persons with a non-diagnostic Holter monitor or 48-hour telemetry (e.g., suspected atrial fibrillation as cause of cryptogenic stroke), or in persons whose symptoms occur infrequently (less frequently than daily) such that the arrhythmia is unlikely to be diagnosed by Holter monitoring (see CPB 0019 - Holter Monitors); *or*
- To document ST segment depression for suspected ischemia; or
- To document the benefit after initiating drug therapy for an arrhythmia; or
- To document the recurrence of an arrhythmia after discontinuation of drug therapy; or
- To document the results after an ablation procedure for arrhythmia; or
- To evaluate syncope and lightheadedness in persons with a non-diagnostic Holter monitor or 48-hour telemetry, or in persons whose symptoms occur infrequently (less frequently than daily) such that the arrhythmia is unlikely to be diagnosed by Holter monitoring.

Curative considers external loop recorders experimental and investigational for all other indications because their effectiveness for indications other than the ones listed above has not been established.

Mobile Cardiovascular Telemetry
Mobile cardiovascular telemetry (MCT) (e.g., CardioNet Mobile Cardiac Outpatient Telemetry [MCOT] Service; Cardiac Telecom and Health Monitoring Services of America's Telemetry @ Home Service; Heartbreak ECAT [External Cardiac Ambulatory Telemetry] [Med net Healthcare Technologies], HEARTLink™ II ECG Arrhythmia Detector and Alarm System by Cardiac

Telecom Corporation, LifeStar ACT by LifeWatch®, Inc., a subsidiary of Card Guard Scientific, SAVI® [Mediacom], Telemetry™ [Scott Care Cardiovascular Solutions], Trove® [Biomedical Systems] and Zio AT [iRhythm Technologies]) when either criteria in 1 or 2 is met:

- Evaluation of recurrent unexplained episodes of presyncope, syncope, palpitations or dizziness when *both* of the following (a and b) are met:
  - A cardiac arrhythmia is suspected as the cause of the symptoms; and
  - Members have a non-diagnostic Holter monitor or 48-hour telemetry, or symptoms occur infrequently (less frequently than daily) such that the arrhythmia is unlikely to be diagnosed by Holter monitoring; or
  - For evaluation of members with suspected atrial fibrillation as a cause of cryptogenic stroke who have had a nondiagnostic Holter monitor or 48-hour telemetry.

Curative considers MCT experimental and investigational for other indications because its effectiveness for indications other than the ones listed above has not been established.

Implantable Loop Recorder

Implantable loop recorder (e.g., Reveal Insertable Loop Recorder by Medtronic, Inc.) for the following indications:

- A cardiac arrhythmia is suspected as the cause of the symptoms; *and*
- Either of the following criteria is met:
  - For persons with heart failure, prior myocardial infarction, or significant electrocardiogram (ECG) abnormalities (see appendix), noninvasive ambulatory monitoring, consisting of 30-day pre-symptom external loop recordings or MCT, fails to establish a definitive diagnosis; or
  - For persons without heart failure, prior myocardial infarction, or significant ECG abnormalities (see appendix), symptoms occur so infrequently and unpredictably (less frequently than once per month) that noninvasive ambulatory monitoring (MCT or external loop recorders) are unlikely to capture a diagnostic ECG; or
- For evaluation of recurrent unexplained episodes of pre-syncope, syncope, "seizures", palpitations, or dizziness when *both* of the following criteria are met:
  - A cardiac arrhythmia is suspected as the cause of the symptoms; and
  - Members have a non-diagnostic Holter monitor or 48-hour telemetry, or symptoms occur infrequently (less frequently than daily) such that the arrhythmia is unlikely to be diagnosed by Holter monitoring; or
  - For evaluation of members with suspected atrial fibrillation as a cause of cryptogenic stroke who have had a nondiagnostic Holter monitor or 48-hour telemetry.

Curative considers implantable loop recorders experimental and investigational for all other indications because their effectiveness for indications other than the ones listed above has not been established.

Note: Depending on clinical presentation, the individual may have had a negative or non-diagnostic electrophysiological study (EPS); however, EPS is no longer considered a prerequisite to insertion of an implantable loop recorder.

Long-term External ECG Monitoring

Use of long-term (greater than 48 hours) external ECG monitoring by continuous rhythm recording and storage (e.g., Zio Patch) for the following indications:

- To evaluate syncope and lightheadedness in persons with a non-diagnostic Holter monitor or 48-hour telemetry, or in persons whose symptoms occur infrequently (less

frequently than daily) such that the arrhythmia is unlikely to be diagnosed by Holter monitoring *or*
- To document an arrhythmia in persons with a non-diagnostic Holter monitor or 48-hour telemetry, or in persons whose symptoms occur infrequently (less frequently than daily) such that the arrhythmia is unlikely to be diagnosed by Holter monitoring.

Experimental and Investigational

The following are considered experimental and investigational because their clinical value has not been established (not an all-inclusive list):

- Biotronik BioMonitor
- CardioPatch
- Kardia Mobile (previously known as AliveCore Mobile ECG, AliveCor Heart Monitor (iPhoneECG))
- Mobile patient management systems (e.g., BodyGuardian Remote Monitoring System, and iHEART)
- Self-monitoring ECG technologies or the ViSi Mobile Monitoring System
- Zio Patch for documentation of responses following initiation of drug therapy for arrhythmia

Policy Limitations and Exclusions

Requests for cardiac event monitoring that do not meet the medical necessity criteria and requests for repeat studies within 1 year of a previous study are subject to medical necessity review.

5. PROCEDURE

5.1. N/A

6. TRAINING REQUIREMENT

6.1. All Medical UM associates are responsible for reading and comprehending this procedure. Employees are also responsible for contacting management or Privacy and Compliance with any questions or concerns regarding the information contained within this procedure.

7. ENFORCEMENT

Violations of this controlled document will cause the imposition of sanctions in accordance with the Curative sanctions controlled document. This may include verbal/written warning, suspension, up to termination of employment or volunteer, intern, contractor status with Curative. Additional civil, criminal and equitable remedies may apply.

8. DOCUMENTATION

Zio AT

Zio AT is a single-use, mobile cardiac telemetry monitor; no battery charges or replacements, or electrode re-positioning are needed. It can provide monitoring for up to 14 days.

Short-Term High Risk Criteria Which Require Prompt Hospitalization or Intensive Evaluation

8.1. Severe structural or coronary artery disease (heart failure, low LVEF, or previous myocardial infarction)
8.2. Clinical or ECG features suggesting arrhythmic syncope
8.3. Syncope during exertion or supine
8.4. Palpitations at the time of syncope
8.5. Family history of SCD
8.6. Non-sustained VT
8.7. Bifascicular-block (LBBB or RBBB combined with left anterior or left posterior fascicular block) or other intraventricular conduction abnormalities with QRS duration ≥120 ms
8.8. Inadequate sinus bradycardia (<50 bpm) or sinoartrial block in absence of negative chronotropic medications or physical training
8.9. Pre-excited QRS complex
8.10. Prolonged or short QT interval
8.11. RBBB pattern with ST-elevation in leads V1-V3 (Brugada pattern)
8.12. Negative T waves in right precordial leads, epsilon waves, and ventricular late potentials suggestive of ARVC
8.13. Important co-morbidities
8.14. Severe anemia
8.15. Electrolyte disturbance

9. REFERENCE DOCUMENTS AND MATERIALS

9.1. Regulatory Authority

9.1.1. N/A

9.2. Internal - N/A

9.3. External - N/A

10. COLLABORATING DEPARTMENTS

10.1. N/A

11. DOCUMENT CONTROL

APPROVED BY:	
(Printed Name) (Date)	**(Signature)**

REVISION HISTORY			
Date	**Author**	**Version**	**Comments**
			Initial Version

APPENDICES

Any applicable attachments, resources or other materials should be included as appendices in this section. Label each appendix as follows:

Appendix A: