



## UTILIZATION MANAGEMENT POLICY

TITLE: REAL-TIME MOBILE CARDIAC OUTPATIENT TELEMETRY (RT-MCOT)

EFFECTIVE DATE: June 17, 2024

*This policy was developed with input from specialists in cardiology and endorsed by the Medical Policy Committee.*

### IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY

*These services may or may not be covered by all Medica plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Medica Provider Service Center toll-free at 1-800-458-5512.*

*Medica utilization management policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.*

### PURPOSE

To promote consistency between utilization management reviewers by providing the criteria that determines the medical necessity.

### BACKGROUND

#### I. Definitions

- A. **Real-time mobile cardiac outpatient telemetry (RT-MCOT)**, also known as continuous mobile cardiac outpatient telemetry (MCOT), allows clinicians to conduct *real-time* outpatient monitoring of patients' cardiac rhythms via electrocardiographic recordings. The patient wears a portable electrocardiogram (ECG) sensor with leads attached to the skin for continuous monitoring of cardiac rhythms during daily activities. No patient intervention to either record or transmit an arrhythmia when it occurs is required. If the algorithm of the monitoring system detects an arrhythmic event, the system will automatically transmit the ECG data wirelessly or through a telephone line to a service center. Monitoring specialists analyze the data, respond to events, and report results in the manner prescribed by the physician. The patient can also manually send the ECG data by pressing a button when experiencing a symptom. The device may be worn for weeks at a time in order to evaluate infrequent or unpredictable symptoms suggestive of cardiac arrhythmias (e.g. palpitation, dizziness, or syncope) when non real-time cardiac monitoring is likely to have low diagnostic yield. Examples of FDA-approved RT-MCOT devices include, but are not limited to:
1. CardioNet MCTO™ System (CardioNet)
  2. HEARTLink II™ System (Cardiac Telecom Corp.)
  3. Heartrak Smart External Cardiac Ambulatory Telemetry System (Mednet Healthcare Technologies, Inc.)
  4. LifeStar™ ACT System (LifeWatch)
  5. NUVANT Mobile Cardiac Telemetry System (Corventis)
  6. TruVue® Wireless Ambulatory Monitoring Systems (BioMedical Systems)
  7. VST™ Vital Signs Transmitter (Biowatch Medical)
- B. **Cardiac ablation** is a procedure used to correct abnormal heart rhythms (i.e., arrhythmias). Catheters are typically employed to scar or destroy heart tissue where the abnormal heart rhythm is being generated. This is intended to correct the arrhythmia by preventing further abnormal electrical signals from traveling through the heart. Cardiac ablation can be performed either through open-heart surgery or by minimally invasive techniques.
- C. **Cryptogenic stroke or transient ischemic attack (TIA)** is a diagnosis made when the cause of an individual's stroke or TIA cannot be found. The word cryptogenic means "of obscure or unknown origin".

- D. **Occult atrial fibrillation** refers to atrial fibrillation occurring without any readily discernible signs or symptoms. Occult is used in this context to mean “hidden.”
- E. **Syncope:** A transient loss of consciousness and postural tone caused by diminished blood flow to the brain.
- F. **Pre-syncope:** Presyncope refers to the sensation of lightheadedness and loss of strength that precedes a syncopal event or accompanies an incomplete syncope.
- G. **Palpitation:** forcible or irregular pulsation of the heart, perceptible to the patient, usually with an increase in frequency or force, with or without irregularity in rhythm. Palpitation can be a sign of underlying tachycardia.
- H. **Tachyarrhythmia/tachycardia** is any irregularity of the heart rhythm in which the heart rate is abnormally increased (e.g., resting heart rate over 100 beats per minute).

#### BENEFIT CONSIDERATIONS

1. Prior authorization **is required** for real-time mobile cardiac outpatient telemetry (RT-MCOT) ordered outside the emergency room setting. Please see the prior authorization list for product specific prior authorization requirements.
2. Prior authorization is **not required** for RT-MCOT ordered in the emergency room setting. While prior authorization is not required, Medica reserves the right to conduct a medical necessity review following receipt of a claim submission for RT-MCOT.
3. Conditions other than those outlined in the medical necessity criteria *are investigative and therefore not covered*.
4. Coverage may vary according to the terms of the member’s plan document.
5. If the Medical Necessity Criteria and Benefit Considerations are met, Medica will authorize benefits within the limits in the member’s plan document.
6. If it appears that the Medical Necessity Criteria and Benefit Considerations are not met, the individual’s case will be reviewed by the medical director or an external reviewer. Practitioners are reminded of the appeals process in their Medica Provider Administrative Manual.

#### MEDICAL NECESSITY CRITERIA

##### I. Indications

Real-time mobile cardiac outpatient telemetry (RT-MCOT) is considered medically necessary when documentation in the medical record indicates that **all of the following** criteria are met:

- A. The RT-MCOT test is ordered by a cardiologist, electrophysiologist, neurologist, or a nurse practitioner or physician assistant practicing within one of these specialties.
- B. The individual has **one of the following** indications suggestive of a potentially significant cardiac event or condition:
  1. Unexplained syncope/pre-syncope or palpitation.  
NOTE: Potential origins of syncope/pre-syncope and palpitation include, but are not limited to, nonischemic dilated cardiomyopathy, hypertrophic cardiomyopathy, polypharmacy (e.g., ACE inhibitors and beta blockers), orthostatic intolerance, autonomic dysfunction, cerebrovascular disease.
  2. Medical monitoring/management required following cardiac ablation (e.g., antiarrhythmic or anticoagulant drug therapy).
  3. History of cryptogenic stroke or transient ischemic attack (TIA) indicating suspected unconfirmed occult atrial fibrillation
  4. Nocturnal arrhythmia (e.g., associated with sleep apnea)
  5. Patients in whom accurate information on arrhythmia burden is desired (e.g., atrial fibrillation burden).

#### CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

- For Medicare members, refer to the following, as applicable at: <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>

MINNESOTA HEALTH CARE PROGRAMS (MHCP)	
•	For MHCP members, refer to <a href="https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&amp;RevisionSelectionMethod=LatestReleased&amp;dDocName=id_000094#">https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&amp;RevisionSelectionMethod=LatestReleased&amp;dDocName=id_000094#</a>
•	No MHCP policy found as of 02/28/2024.

DOCUMENT HISTORY

Original Effective Date	May 2012
MPC Endorsement Date(s)	02/2013, 04/2014, 02/2015, 04/2016, 04/2017, 04/2018, 04/2019, 04/2020, 04/2021, 04/2022, 4/2023, 04/2024
Administrative Updates	05/01/2017

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No new references