

LCD for Electrocardiographic (EKG or ECG) Monitoring (Holter or Real-Time Monitoring) (L29584)

Contractor Information

Contractor Name

Wisconsin Physicians Service Insurance Corporation

Contractor Number

00951, 00952, 00953, 00954, 52280, 05101, 05201, 05301, 05401, 05102, 05202, 05302, 05402

Contractor Type

Carrier – MAC – FI

LCD Information

LCD ID Number

L29584

LCD Title

Electrocardiographic (EKG or ECG) Monitoring (Holter or Real-Time Monitoring)

Contractor's Determination Number

CV-016

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CMS National Coverage Policy

CMS Pub. 100-3, Ch. 1-§20.15

Oversight Region

Region V

Original Determination Effective Date

For services performed on or after 10/16/2009

Original Determination Ending Date

Revision Effective Date

For services performed on or after 10/16/2009

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

Long-Term ECG Monitoring is defined as a diagnostic procedure, which can provide continuous recording capabilities of ECG activities of the patient's heart while the patient is engaged in daily activities. These can include continuous, patient-demand or *auto-detection devices. The purpose of these tests is to provide information about rhythm disturbances and waveform abnormalities and to note the frequency of their occurrence.

Definitions:

Cardiac Event Detection (CED) is a 30-day service for the purpose of documentation and diagnosis of paroxysmal or suspected arrhythmias.

Holter Monitoring (24-hour ECG monitoring) is a study used to evaluate the patient's ambient heart rhythm during a full day's (24 Hours) cycle. It is a wearable EKG monitor that records the overall rhythm and significant arrhythmias.

A. Medical Necessity:

The medical necessity indications listed in this policy must be present in order for these tests to be covered.

B. Indications for 24-hour ECG monitoring (CPT/HCPCS codes 93224-93227, 93230-93233, and 93235-93237) include one or more of the following

1. Symptoms:

- a. Arrhythmias (ICD-9 codes 426.0-426.9, 427.0-427.42, 427.60-427.9)
- b. Chest pain (ICD-9 codes 411.1, 786.50, 786.51, 786.59)
- c. Syncope (lightheadedness) or near syncope (ICD-9 code 780.2)
- d. Vertigo (dizziness) (ICD-9 code 780.4)
- e. Palpitations (ICD-9 code 785.1)
- f. Transient ischemic episodes (ICD-9 codes 780.02, 781.0, 781.4)
- g. Dyspnea (shortness of breath) (ICD-9 codes 786.00-786.09)

2. Evaluation of the response to antiarrhythmic drug therapy (ICD-9 codes V58.69).

3. Evaluation of myocardial infarction (MI) survivors with an ejection fraction of 40% or less. (ICD-9 codes 410.00-410.92, 411.0, and 412).

4. Assessment of patients with coronary artery disease with active symptoms, to correlate chest pain with ST-segment changes (ICD-9 codes 413.0-413.9).

5. Other acute and subacute forms of ischemic heart disease. (411.0-411.89).

6. To detect arrhythmias post ablation procedures.

C. C. Extension of 24-hour monitoring CPT codes (93224-93227 and 93230-93237) to 48 hours will be allowed under the following conditions only:

1. To monitor initial antiarrhythmic drug therapy;
2. To monitor for arrhythmia after a change in antiarrhythmic medication; and
3. To document frequent sporadically occurring arrhythmic events of unknown nature; infrequent episodes of arrhythmia are best evaluated with longer-term ambulatory EKG technologies.
4. To better identify arrhythmias in high risk patients. (For ICD-9 codes see section B above, sentence 1.a).

D. Long term 30-day monitoring; Telephonic Transmission of ECG (CPT codes 93012-93014, 93228, 93229, and 93268-93272) involve 24 hour attended monitoring per 30 day period of time; no other EKG monitoring codes can be billed simultaneously with these codes.

Indications for performing a Telephonic Transmission:

- a. Arrhythmias (ICD-9 codes 426.0-426.9, 427.0-427.42, 427.60-427.9);
- b. Chest pain (ICD-9 codes 411.1, 786.50, 786.51, 786.59);
- c. Syncope (lightheadedness) or near syncope (ICD-9 code 780.2);
- d. Vertigo (dizziness) (ICD-9 code 780.4);
- e. Palpitations (ICD-9 code 785.1);
- f. Transient ischemic episodes (ICD-9 codes 780.02, 781.0, 781.4);
- g. Dyspnea (shortness of breath) (ICD-9 codes 786.00-786.09).
- h. To initiate, revise or discontinue arrhythmia drug therapy. (V58.69)
- i. Evaluation of myocardial infarction (MI) survivors. (ICD-9 codes 410.00-410.92, 411.0, and 412).
- j. Evaluation of acute and subacute forms of ischemic heart disease. (411.0-411.89).
- k. Assessment of patients with coronary artery disease with active symptoms, to correlate chest pain with ST-segment changes (ICD-9 codes 413.0-413.9).

Coding Information

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. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

13x	Hospital-outpatient (HHA-A also) (under OPSS 13X must be used for ASC claims submitted for OPSS payment -- eff. 7/00)
85x	Special facility or ASC surgery-rural primary care hospital (eff 10/94)

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Revenue codes only apply to providers who bill these services to the fiscal intermediary or Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier or Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

0489	Cardiology-other
073X	EKG/ECG-general classification

CPT/HCPCS Codes

Post-Symptom Memory Loop Recordings

93012	TELEPHONIC TRANSMISSION OF POST-SYMPTOM ELECTROCARDIOGRAM RHYTHM STRIP(S), 24-HOUR ATTENDED MONITORING, PER 30 DAY PERIOD OF TIME; TRACING ONLY
93014	TELEPHONIC TRANSMISSION OF POST-SYMPTOM ELECTROCARDIOGRAM RHYTHM STRIP(S), 24-HOUR ATTENDED MONITORING, PER 30 DAY PERIOD OF TIME; PHYSICIAN REVIEW WITH INTERPRETATION AND REPORT ONLY

Pre-Symptom Memory Loop Recordings (Patient-Demand)

93268	WEARABLE PATIENT ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP, 24-HOUR ATTENDED MONITORING, PER 30 DAY PERIOD OF TIME; INCLUDES TRANSMISSION, PHYSICIAN REVIEW AND INTERPRETATION
93270	WEARABLE PATIENT ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP, 24-HOUR ATTENDED MONITORING, PER 30 DAY PERIOD OF TIME; RECORDING (INCLUDES CONNECTION, RECORDING, AND DISCONNECTION)

93271

WEARABLE PATIENT ACTIVATED
ELECTROCARDIOGRAPHIC RHYTHM DERIVED
EVENT RECORDING WITH PRESYMPTOM MEMORY
LOOP, 24-HOUR ATTENDED MONITORING, PER 30
DAY PERIOD OF TIME; MONITORING, RECEIPT OF
TRANSMISSIONS, AND ANALYSIS

93272

WEARABLE PATIENT ACTIVATED
ELECTROCARDIOGRAPHIC RHYTHM DERIVED
EVENT RECORDING WITH PRESYMPTOM MEMORY
LOOP, 24-HOUR ATTENDED MONITORING, PER 30
DAY PERIOD OF TIME; PHYSICIAN REVIEW AND
INTERPRETATION

Other 24-Hour Recordings

93224

WEARABLE ELECTROCARDIOGRAPHIC RHYTHM
DERIVED MONITORING FOR 24 HOURS BY
CONTINUOUS ORIGINAL WAVEFORM RECORDING
AND STORAGE, WITH VISUAL SUPERIMPOSITION
SCANNING; INCLUDES RECORDING, SCANNING
ANALYSIS WITH REPORT, PHYSICIAN REVIEW AND
INTERPRETATION

93225

WEARABLE ELECTROCARDIOGRAPHIC RHYTHM
DERIVED MONITORING FOR 24 HOURS BY
CONTINUOUS ORIGINAL WAVEFORM RECORDING
AND STORAGE, WITH VISUAL SUPERIMPOSITION
SCANNING; RECORDING (INCLUDES CONNECTION,
RECORDING, AND DISCONNECTION)

93226

WEARABLE ELECTROCARDIOGRAPHIC RHYTHM
DERIVED MONITORING FOR 24 HOURS BY
CONTINUOUS ORIGINAL WAVEFORM RECORDING
AND STORAGE, WITH VISUAL SUPERIMPOSITION
SCANNING; SCANNING ANALYSIS WITH REPORT

93227

WEARABLE ELECTROCARDIOGRAPHIC RHYTHM
DERIVED MONITORING FOR 24 HOURS BY
CONTINUOUS ORIGINAL WAVEFORM RECORDING
AND STORAGE, WITH VISUAL SUPERIMPOSITION
SCANNING; PHYSICIAN REVIEW AND
INTERPRETATION

93228

WEARABLE MOBILE CARDIOVASCULAR
TELEMETRY WITH ELECTROCARDIOGRAPHIC
RECORDING, CONCURRENT COMPUTERIZED REAL
TIME DATA ANALYSIS AND GREATER THAN 24
HOURS OF ACCESSIBLE ECG DATA STORAGE
(RETRIEVABLE WITH QUERY) WITH ECG TRIGGERED
AND PATIENT SELECTED EVENTS TRANSMITTED TO
A REMOTE ATTENDED SURVEILLANCE CENTER FOR
UP TO 30 DAYS; PHYSICIAN REVIEW AND
INTERPRETATION WITH REPORT

93229

WEARABLE MOBILE CARDIOVASCULAR
TELEMETRY WITH ELECTROCARDIOGRAPHIC
RECORDING, CONCURRENT COMPUTERIZED REAL
TIME DATA ANALYSIS AND GREATER THAN 24
HOURS OF ACCESSIBLE ECG DATA STORAGE
(RETRIEVABLE WITH QUERY) WITH ECG TRIGGERED
AND PATIENT SELECTED EVENTS TRANSMITTED TO
A REMOTE ATTENDED SURVEILLANCE CENTER FOR
UP TO 30 DAYS; TECHNICAL SUPPORT FOR
CONNECTION AND PATIENT INSTRUCTIONS FOR
USE, ATTENDED SURVEILLANCE, ANALYSIS AND
PHYSICIAN PRESCRIBED TRANSMISSION OF DAILY
AND EMERGENT DATA REPORTS

93230

WEARABLE ELECTROCARDIOGRAPHIC RHYTHM
DERIVED MONITORING FOR 24 HOURS BY
CONTINUOUS ORIGINAL WAVEFORM RECORDING
AND STORAGE WITHOUT SUPERIMPOSITION
SCANNING UTILIZING A DEVICE CAPABLE OF
PRODUCING A FULL MINIATURIZED PRINTOUT;
INCLUDES RECORDING, MICROPROCESSOR-BASED
ANALYSIS WITH REPORT, PHYSICIAN REVIEW AND
INTERPRETATION

93231

WEARABLE ELECTROCARDIOGRAPHIC RHYTHM
DERIVED MONITORING FOR 24 HOURS BY
CONTINUOUS ORIGINAL WAVEFORM RECORDING
AND STORAGE WITHOUT SUPERIMPOSITION
SCANNING UTILIZING A DEVICE CAPABLE OF
PRODUCING A FULL MINIATURIZED PRINTOUT;
RECORDING (INCLUDES CONNECTION, RECORDING,
AND DISCONNECTION)

93232

WEARABLE ELECTROCARDIOGRAPHIC RHYTHM
DERIVED MONITORING FOR 24 HOURS BY
CONTINUOUS ORIGINAL WAVEFORM RECORDING
AND STORAGE WITHOUT SUPERIMPOSITION
SCANNING UTILIZING A DEVICE CAPABLE OF
PRODUCING A FULL MINIATURIZED PRINTOUT;
MICROPROCESSOR-BASED ANALYSIS WITH REPORT

93233

WEARABLE ELECTROCARDIOGRAPHIC RHYTHM
DERIVED MONITORING FOR 24 HOURS BY
CONTINUOUS ORIGINAL WAVEFORM RECORDING
AND STORAGE WITHOUT SUPERIMPOSITION
SCANNING UTILIZING A DEVICE CAPABLE OF
PRODUCING A FULL MINIATURIZED PRINTOUT;
PHYSICIAN REVIEW AND INTERPRETATION

93235

WEARABLE ELECTROCARDIOGRAPHIC RHYTHM
DERIVED MONITORING FOR 24 HOURS BY
CONTINUOUS COMPUTERIZED MONITORING AND
NON-CONTINUOUS RECORDING, AND REAL-TIME
DATA ANALYSIS UTILIZING A DEVICE CAPABLE OF
PRODUCING INTERMITTENT FULL-SIZED
WAVEFORM TRACINGS, POSSIBLY PATIENT
ACTIVATED; INCLUDES MONITORING AND REAL-
TIME DATA ANALYSIS WITH REPORT, PHYSICIAN
REVIEW AND INTERPRETATION

93236	WEARABLE ELECTROCARDIOGRAPHIC RHYTHM DERIVED MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING AND NON-CONTINUOUS RECORDING, AND REAL-TIME DATA ANALYSIS UTILIZING A DEVICE CAPABLE OF PRODUCING INTERMITTENT FULL-SIZED WAVEFORM TRACINGS, POSSIBLY PATIENT ACTIVATED; MONITORING AND REAL-TIME DATA ANALYSIS WITH REPORT
93237	WEARABLE ELECTROCARDIOGRAPHIC RHYTHM DERIVED MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING AND NON-CONTINUOUS RECORDING, AND REAL-TIME DATA ANALYSIS UTILIZING A DEVICE CAPABLE OF PRODUCING INTERMITTENT FULL-SIZED WAVEFORM TRACINGS, POSSIBLY PATIENT ACTIVATED; PHYSICIAN REVIEW AND INTERPRETATION

ICD-9 Codes that Support Medical Necessity

Note: ICD-9 codes must be coded to the highest level of specificity.

410.00 - 410.92	ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL EPISODE OF CARE UNSPECIFIED - ACUTE MYOCARDIAL INFARCTION OF UNSPECIFIED SITE SUBSEQUENT EPISODE OF CARE
411.0 - 411.89	POSTMYOCARDIAL INFARCTION SYNDROME - OTHER ACUTE AND SUBACUTE FORMS OF ISCHEMIC HEART DISEASE OTHER
412	OLD MYOCARDIAL INFARCTION
413.0 - 413.9	ANGINA DECUBITUS - OTHER AND UNSPECIFIED ANGINA PECTORIS
426.0 - 426.9	ATRIOVENTRICULAR BLOCK COMPLETE - CONDUCTION DISORDER UNSPECIFIED
427.0 - 427.42	PAROXYSMAL SUPRAVENTRICULAR TACHYCARDIA - VENTRICULAR FLUTTER
427.60 - 427.9	PREMATURE BEATS UNSPECIFIED - CARDIAC DYSRHYTHMIA UNSPECIFIED
780.02	TRANSIENT ALTERATION OF AWARENESS
780.2	SYNCOPE AND COLLAPSE
780.4	DIZZINESS AND GIDDINESS
781.0	ABNORMAL INVOLUNTARY MOVEMENTS
781.4	TRANSIENT PARALYSIS OF LIMB
785.1	PALPITATIONS
786.00 - 786.09	

	RESPIRATORY ABNORMALITY UNSPECIFIED - RESPIRATORY ABNORMALITY OTHER
786.50	UNSPECIFIED CHEST PAIN
786.51	PRECORDIAL PAIN
786.59	OTHER CHEST PAIN
V58.69	LONG-TERM (CURRENT) USE OF OTHER MEDICATIONS

Diagnoses that Support Medical Necessity

Diagnoses listed above

ICD-9 Codes that DO NOT Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

Diagnoses not listed above

General Information

Documentation Requirements

Medicare Part B monitors for medical necessity, which can include frequency. Documentation would include a history and physical exam. The record should document the evaluation, which focuses on the cause(s) of the presenting symptoms and/or the need for this testing. Some examples are:

1. The patient record has an evaluation and management service that documents the symptoms experienced by the patient.
2. The patient has had a full workup in the past month with initial tests performed, and presents with continuing symptoms that indicate the need for long-term monitoring;
3. The patient requires a change in antiarrhythmic medication. In this case, an assessment of the patient's complaints, the name of the medication stopped and the name of the new medication should be indicated.
4. In the case of referred tests, documentation of medical necessity may be requested from the referring physician. These are considered purchased diagnostic tests.
5. Independent diagnostic testing facilities (IDTF) and suppliers must retain records that include:
 - a. The referring physician's written orders; and
 - b. The identity of the employee setting up the tracing.

Documentation should be submitted as indicated when requested or when unusual circumstances are present. The EMC narrative may be used.

Appendices

Utilization Guidelines

See companion document titled Billing and Coding Guidelines for CV-016; Electrocardiographic (EKG or ECG) Monitoring (Holter or Real-Time Monitoring)

- - An asterisk indicates a revision to that section of the policy.

This LCD consolidates and replaces all previous policies and publications on this subject by the carrier and fiscal intermediary predecessors of Wisconsin Physicians Service. This coverage determination also applies within states outside the primary geographic jurisdiction that have nominated Wisconsin Physicians Service to process their claims.

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from Cardiology.

Sources of Information and Basis for Decision

Pub 100-3, Ch 1- §20.15

Final Rule, Federal Register, Dec. 31, 2002

Other Medical Carriers

Advisory Committee Meeting Notes

Meeting Date

Wisconsin 01/16/2009

Illinois 01/28/2009

Michigan 01/07/2009

Minnesota 01/22/2009

Iowa, Kansas, Missouri, Nebraska 02/12/2009

Any Carrier Advisory Committee (CAC) related information, including Start date and End Date of Comment Period, reflects the last time this LCD passed through the Comment and Notice process.

Start Date of Comment Period

End Date of Comment Period

Start Date of Notice Period**Revision History Number**

3

Revision History Explanation

09/02/2009 No change to coverage.

06/30/2009 The contractor number 05392 will no longer be valid as of 8/1/2009 as it will be joining with the W MO number.

Revision to draft 6/30/2009

Reason for Change**Last Reviewed On Date**

05/01/2009

Related Documents

This LCD has no Related Documents.

LCD Attachments

[Coding and Billing Guidelines \(PDF - 46,046 bytes\)](#)

All Versions

Updated on 09/02/2009 with effective dates 10/16/2009 - N/A

Updated on 08/13/2009 with effective dates 10/16/2009 - N/A