

## Medical Policy

### Mobile Cardiac Outpatient Telemetry

**Policy Number:** 035

	Commercial and Connector/Qualified Health Plans	MassHealth
Authorization required	X	X
No notification or authorization		
Not covered		

#### Overview

The purpose of this document is to describe the guidelines Mass General Brigham Health Plan utilizes to determine medical appropriateness for Mobile Cardiac Outpatient Telemetry (MCOT). The treating provider must request prior authorization for MCOT.

#### Coverage Guidelines

Medical necessity for Mobile Cardiac Outpatient Telemetry is determined through InterQual® criteria. Mass General Brigham Health Plan uses the Electrocardiography, Ambulatory criteria. To access the InterQual® Criteria Lookup Tool, log in to Mass General Brigham Health Plan’s Provider website at [MassGeneralBrighamHealthPlan.org](http://MassGeneralBrighamHealthPlan.org). Mass General Brigham Health Plan covers Mobile Cardiac Outpatient Telemetry when recommended by the member’s primary care provider or referring specialist and when the request meets medical necessity criteria.

The following CPT codes require prior authorization:

#### Authorized Codes

Codes	Code Description
93228	External 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; review and interpretation with report by a physician or other qualified health care professional
93229	External 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 transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional

## Effective

April 2022: Annual Review. References Updated.

October 2021: InterQual® criteria adopted. Revised coverage guidelines section. Removed the Exclusions and Definitions sections.

April 2021: Annual review. References updated.

March 2020: Annual review. References updated.

March 2019: Annual review. Updated references.

March 2018: Annual review. Added clarifying sentence to coverage guidelines. Removed age restriction of 18 years old under criteria section.

April 2017: Annual review.

April 2016: Annual review.

April 2015: Annual review, no significant changes.

April 2014: Annual review, no significant changes.

April 2013: Annual review, no significant changes.

January 2012: Effective Date.

## References

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