Name of Policy: Holter Monitoring (Ambulatory Electrocardiography)

Policy #: 461
Category: Medical

Latest Review Date: January 2015
Policy Grade: Active Policy but no longer scheduled for regular literature reviews and updates.

Background/Definitions:
As a general rule, benefits are payable under Blue Cross and Blue Shield of Alabama health plans only in cases of medical necessity and only if services or supplies are not investigational, provided the customer group contracts have such coverage.

The following Association Technology Evaluation Criteria must be met for a service/supply to be considered for coverage:

1. The technology must have final approval from the appropriate government regulatory bodies;
2. The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes;
3. The technology must improve the net health outcome;
4. The technology must be as beneficial as any established alternatives;
5. The improvement must be attainable outside the investigational setting.

Medical Necessity means that health care services (e.g., procedures, treatments, supplies, devices, equipment, facilities or drugs) that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury or disease or its symptoms, and that are:

1. In accordance with generally accepted standards of medical practice; and
2. Clinically appropriate in terms of type, frequency, extent, site and duration and considered effective for the patient’s illness, injury or disease; and
3. Not primarily for the convenience of the patient, physician or other health care provider; and
4. Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient’s illness, injury or disease.
**Description of Procedure or Service:**
Ambulatory Holter electrocardiography (EKG) is a widely used noninvasive test in which an EKG is continuously recorded over an extended period of time, typically 24 to 48 hours, to evaluate symptoms suggestive of cardiac arrhythmias, i.e. palpitations, dizziness, or syncope. This long-term ambulatory EKG recording provides a continuous record of heart rhythm during daily activities. This procedure can often identify the existence of and determine the frequency of clinically significant rhythm disturbances and waveform abnormalities that are missed on a standard EKG.

Long-term EKG monitoring systems have two basic components. One component, the recording device, provides for the recording of EKG information on magnetic tape or digital recording media to detect any significant changes in rate and rhythm as they occur. The other component, the analysis device, provides for either graphically recording the EKG data or for visual or computer-assisted analysis of the information recorded on magnetic tape or digital recording media.

**Policy:**
Holter Monitoring meets Blue Cross and Blue Shield of Alabama’s medical criteria for coverage for any of the following conditions:

1. To detect a transient cardiac arrhythmia that is suspected as the cause of recurrent signs and symptoms, including recurrent near syncope, syncope, palpitations, chest pain, shortness of breath, and dizziness.
2. To correlate chest pain discomfort and dyspnea with waveform abnormalities that are indicative of coronary insufficiency with myocardial ischemia.
3. To assess the risk of a ventricular arrhythmia during recovery from an acute myocardial infarction or acute coronary insufficiency with myocardial ischemia, or with heart failure.
4. To evaluate the effectiveness of anti-arrhythmic drug therapy.
5. To determine whether an arrhythmia recurs after an anti-arrhythmic drug therapy is discontinued.
6. To evaluate for possible pacemaker malfunction which has not been detected on a standard electronic analysis of the pacemaker, but is suspected based on patient symptoms.
7. To assess patients with known coronary artery disease who are at high risk of dying suddenly in the period following an acute MI.
8. To assess patients with known coronary artery disease who are high risk patients and advance to a substantially higher level of activity which may trigger increased or new types of arrhythmias necessitating treatment. These patients have documentation that acute phase arrhythmias have not totally disappeared during the period of convalescence.
In addition, all the following criteria must be met:

1. There must be documentation in the medical record of a detailed medical history, a thorough physical exam, selected diagnostic studies and a review of this information by the physician who ordered this procedure;

2. The interpretation of the Holter monitoring data must be performed by a physician;

3. There may or may not be documentation of a standard EKG being performed when a standard EKG is unlikely to capture a suspected transient rhythm disturbance or waveform abnormality.

More than two Holter monitors per year do not meet Blue Cross and Blue Shield of Alabama’s medical criteria for coverage.

Holter monitoring does not meet Blue Cross and Blue Shield of Alabama’s medical criteria for coverage for the following:

- For the routine assessment of pacemaker function

See Policy #356 Ambulatory Event Monitors
See Policy #460 Mobile Cardiac Outpatient Telemetry and Hybrid Devices

Blue Cross and Blue Shield of Alabama does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Cross and Blue Shield of Alabama administers benefits based on the member’s contract and corporate medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.

Key Points:
The American College of Cardiology and the American Heart Association Task Force on Practice Guidelines published a report on guidelines for ambulatory electrocardiography (AECG). Current AECG equipment provides for the detection and analysis of arrhythmias and ST-segment deviation as well as more sophisticated analyses of R-R intervals, QRS-T morphology including late potentials, QT dispersion, and T-wave alternans. There are two categories of AECG recorders: 1) continuous recorders, typically used for 24 to 48 hours to investigate symptoms and ECG events that are likely to occur within that timeframe, and 2) intermittent recorders, which may be used for long periods of time (weeks to months) to provide briefer, intermittent recordings for investigating events that occur infrequently.

The report listed the Class I, Class IIb, and Class III indications for AECG based on specific symptoms. Class I refers to conditions for which there is evidence and / or general agreement that a given procedure or treatment is useful and effective. The report discussed the following Class I indications for AECG:
1. To assess symptoms possibly related to rhythm disturbances:
   a. Patients with unexplained syncope, near syncope, or episodic dizziness in whom the cause is not obvious,
   b. Patients with unexplained recurrent palpitations.
2. To assess antiarrhythmic therapy:
   a. To assess antiarrhythmic drug response in individuals in whom baseline frequency of arrhythmia has been characterized as reproducible and of sufficient frequency to permit analysis.
3. To assess pacemaker and ICD function:
   a. Evaluation of frequent symptoms of palpitation, syncope, or near syncope to assess device function to exclude myopotential inhibition and pacemaker-mediated tachycardia and to assist in the programming of enhanced features such as rate responsivity and automatic mode switching,
   b. Evaluation of suspected component failure or malfunction when device interrogation is not definitive in establishing a diagnosis,
   c. To assess the response to adjunctive pharmacological therapy in patients receiving frequent ICD therapy.

**Key Words:**
Holter Monitor, ambulatory electrocardiography, long-term electrocardiographic (ECG or EKG) monitoring

**Approved by Governing Bodies:**
Not applicable

**Benefit Application:**
Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

ITS: Home Policy provisions apply.
FEP: Special benefit consideration may apply. Refer to member’s benefit plan. FEP does not consider investigational if FDA approved and will be reviewed for medical necessity.

**Current Coding:**
Any existing or future devices for this service should be billed in accordance with the CPT-4 manual, the CPT Changes: An Insider’s View book, and the CPT Assistant intent and instructions. If the service is not consistent with these sources, the service should be billed with the not otherwise classified (NOC) code.
CPT Codes:
- **93224** External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional; recording (includes connection, recording, and disconnection).
- **93225** ; scanning analysis with report.
- **93226** ; review and interpretation by a physician or other qualified health care professional.
- **93227** ; review and interpretation by a physician or other qualified health care professional.

For less than 12 hours of continuous recording, use modifier 52.

**References:**

**Policy History:**
Medical Policy Group, January 2011 (2)
Medical Review Committee, March 2011
Medical Policy Administration Committee, March 2011
Medical Policy Group, September 2012: Effective September 14, 2012 this policy is no longer scheduled for regular literature reviews and updates.
Medical Policy Group, January 2015 (3): Review by consensus in conjunction with review of policies 356 & 460; no additional literature to include on this policy; no change in policy statement on this policy.
This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member’s plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.

This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield’s administration of plan contracts.