Harvard Pilgrim Health Care | TUFTS Health Plan

Medical Necessity Guidelines: **Cardiac Event Monitors**

Effective: January 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request to the FAX numbers below	Yes ☐ No ☒
Notification Required IF REQUIRED, concurrent review may apply	Yes ☐ No ☒

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products; 800-232-0816
☒ Tufts Health Plan Commercial products; 617-972-9409

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
☒ Tufts Health Together – MassHealth Accountable Care Partnership Plans; 888-415-9055
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
☒ Tufts Health One Care – A dual-eligible product; 857-304-6304

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-972-9409
☐ Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-972-9409
☐ Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-972-9409

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

Cardiac arrhythmias are abnormal heart rhythms that can cause palpitations, weakness, dizziness, fainting, blood clots, or death. There are a wide variety of treatments available for arrhythmias, however, obtaining an accurate diagnosis can be difficult since arrhythmias can occur infrequently and unpredictably and may not cause obvious symptoms. Remote cardiac monitoring technologies allow home electrocardiographic (EKG) monitoring of individuals with suspected cardiac arrhythmias or at risk for developing arrhythmias. A variety of ambulatory external EKG monitoring systems have been developed. These include 24–48-hour Holter monitoring, 7–14-day patch-type monitoring, self-activated event monitors, and auto-triggered loop monitors. To detect infrequent arrhythmias, members can undergo 24 to 48 hours of continuous outpatient EKG recording with a Holter monitor. A limitation of this device is that repeated monitoring sessions may be necessary if an arrhythmia does not occur during the first 1 or 2 days. Another method for detection of infrequent arrhythmias is the use of an event recorder, which stores 1 to 2 minutes of EKG data as soon as the individual experiences symptoms and presses a button to activate the device. Although this technique enables a much longer period of monitoring, some arrhythmias do not cause obvious symptoms and some symptomatic members fail to turn on the recorder at the right time.

The following are descriptions of various cardiac event monitors:

- Cardiac event detection monitoring (implantable loop monitoring): An implantable loop recorder (ILR) is rarely the preferred initial test for ambulatory ECG monitoring (AECG). However, this test can be useful for members with infrequent (e.g., less than monthly) symptoms that are potentially harmful to the individual. An ILR is implanted subcutaneously in a member's upper left chest and left for several months.
- Continuous AECG monitoring (24- or 48-hour Holter monitoring): The Holter monitor reports total heart beats as well as average and maximum/minimum heart rates. It provides representative hourly samples of the ECG tracing and episodes of tachyarrhythmia and the etiology of the arrhythmias as well as pauses. The monitor detects a number of premature

beats (supraventricular and ventricular), ST segment changes, member-reported symptoms associated ECG findings and the longest R-R interval with pauses greater than three seconds. The Holter monitor may be the preferred ambulatory ECG monitoring test for members with daily or near daily symptoms and for those who would prefer a comprehensive assessment of all cardiac activity over the given 24–48-hour interval.

- Continuous AECG monitoring for periods greater than every 48 hours (e.g., Zio® Patch): The Zio® Patch is a single-use AECG monitor that has the capability of collecting data for up to 14 days for those with suspected cardiac arrhythmias (e.g., ventricular tachycardia (VT), supraventricular tachycardia (SVT), paroxysmal atrial fibrillation (AF), atrioventricular block, symptomatic bradycardia and greater than 3-second pauses.
- External cardiac event detection monitoring (e.g., external loop monitoring): An external loop monitor has the capability to monitor an individual for long durations (e.g., up to seven days) and thus has a higher chance of providing a diagnosis to those whose symptoms occur infrequently. It is recommended for those with infrequent short-duration transient symptoms, reoccurring over weeks or months.

Clinical Guideline Coverage Criteria

The Plan considers the following cardiac event monitors medically necessary when age specific and device specific criteria are met:

General Criteria:

1. Continuous ambulatory electrocardiography (AECG) monitoring (24- or 48-hour Holter monitoring) is considered medically necessary when:
    a. Documentation confirms infrequent arrhythmia is unlikely to be diagnosed by a standard 12-lead ECG AND results of this testing will provide diagnostic or treatment information necessary for the management of the member beyond what would be provided by the 12-lead ECG
2. External cardiac event detection monitoring (e.g., external loop monitoring) is considered medically necessary when:
    a. Documentation confirms infrequent arrhythmia is unlikely to be diagnosed by a 24- or 48-hour Holter monitor AND results of this testing will provide diagnostic or treatment information necessary for the management of the member beyond what would be provided by the continuous 24- or 48-hour Holter monitor
3. Cardiac event detection monitoring (e.g., implantable loop monitoring), is considered medically necessary when:
    a. Documentation confirms infrequent arrhythmia is unlikely to be diagnosed by a 24- or 48-hour Holter monitor and/or external loop monitor AND results of this testing will provide diagnostic or treatment information necessary for the management of the member beyond what would be provided by the continuous 24- or 48-hour Holter monitor and/or external loop monitor
4. Continuous ambulatory electrocardiography (AECG) monitoring for periods greater than 48-hours (e.g., Zio XT® Patch) considered medically necessary when:
    a. Documentation confirms trial of other appropriate testing/monitoring (i.e., 24- or 48-hour Holter monitor and/or 48-hour telemetry) that did not provide necessary diagnostic information; **and**
    b. Individual with a non-diagnostic Holter monitor or 48-hour telemetry experiences syncope, lightheadedness, or infrequent symptoms unlikely to be diagnosed by Holter monitoring

Age-Specific Criteria:

The provider must also have all prior testing and result documentation and one or more of the following age-specific criteria must be met for monitoring devices to be considered medically necessary:

1. Adults:
    a. Evaluation of infrequent recurrent symptoms (e.g. presyncope, syncope lightheadedness, palpitations, shortness of breath, chest pains or dizziness) that may be associated with arrhythmia, **or**
    b. Evaluation of members with unexplained recurrent palpitation after complete examination, **or**
    c. Assessment of individuals with documented coronary artery disease (CAD) for silent myocardial ischemia, **or**
    d. Monitoring members who have had surgical or catheter ablation of atrial fibrillation when discontinuation of systemic anticoagulation is being considered, **or**
    e. Assessment of individuals who have had a history of cryptogenic stroke along with evidence of prior non-diagnostic tests, **or**
    f. Evaluation of members with idiopathic hypertrophic or dilated cardiomyopathies to detect arrhythmias.
2. Pediatric:
    a. Antiarrhythmic drug efficacy, during rapid somatic growth, **or**

b. Asymptomatic congenital atrioventricular block, non-paced, **or**
c. Documented or potential long QT syndromes (LQTS), **or**
d. Hypertrophic or dilated cardiac myopathies, **or**
e. Palpitations in members with previous surgery for congenital heart disease and significant residual hemodynamic abnormalities, **or**
f. Previously documented arrhythmia or pacemaker dependency, **or**
g. Syncope, near syncope associated with exertion or dizziness with known heart disease.

Note: Repeat studies within a 1-year time frame may be subject to review based on medical necessity.

Limitations

The Plan considers cardiac event monitors experimental/investigational for all other indications. In addition, The Plan does not cover:

1. Ambulatory electrocardiography (AECG) monitoring managed through mobile devices (e.g., Kardia Mobile, BodyGuardian Remote Monitoring System, iHEART, ViSi Mobile Monitoring System)
2. BioTel MCT 3 Lead (MCT 3L)
3. Biotronik BioMonitor
4. CardioPatch
5. EndoSure™ Wireless Implantable System

Codes

The following code(s) are associated with this service:

Table 1: CPT/HCPCS Codes

CPT Codes	Description
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming
33286	Removal, subcutaneous cardiac rhythm monitor
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
93225	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)
93226	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report
93227	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional
93241	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation
93242	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)
93243	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report
93244	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation
93245	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation
93246	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)

CPT Codes	Description
93247	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report
93248	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation
93268	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional
93270	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)
93271	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis
93272	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable loop recorder system
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional
93298	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional
C1764	Event recorder, cardiac (implantable)

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Approval And Revision History

October 17, 2022: Reviewed by the Medical Policy Approval Committee (MPAC) to remove Mobile Outpatient Cardiac Telemetry criteria effective March 1, 2023

Subsequent endorsement date(s) and changes:

- November 16, 2023: Reviewed by MPAC, renewed without changes
- November 2023: Unify name changed to One Care effective January 1, 2024
- January 11, 2024: Coding updated, per AMA HCPCS®, the following code(s) removed G2066, effective January 1, 2024
- January 11, 2024: Removal of CardioMEMS from limitations

- November 21, 2024: Reviewed by MPAC, renewed without changes, effective January 1, 2025
- December 13, 2024: Reviewed and approved by the UM Committee, effective January 1, 2025
- November 19, 2025: Reviewed by MPAC for annual review, renewed without changes effective January 1, 2026
- December 2025: Administrative updates effective January 1, 2026
- December 8, 2025: Reviewed by UM Committee for annual review, renewed without changes effective January 1, 2026

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.