Mobile Cardiac Outpatient Telemetry™ (MCOT™) and Real-time Continuous Attended Cardiac Monitoring Systems
MPM 13.2

Disclaimer
Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description
Real-time continuous attended cardiac monitoring systems, such as Mobile Cardiac Outpatient Telemetry™ (MCOT™), are defined as a real-time, outpatient cardiac monitoring system that is automatically activated and requires no patient intervention to either capture or transmit an arrhythmia when it occurs. Upon arrhythmia detection, the device utilizes the standard telephone line or wireless communications and transmits the electrocardiogram (EKG) waveform to the receiving center. The patient’s physician is made aware of arrhythmias based on pre-determined notification criteria, tailored to the patient by the physician. Real-time cardiac monitoring overcomes limitations of Holter monitors and patient-activated event recorders by providing continuous outpatient EKG monitoring for periods ranging up to several weeks.\(^2,3\)

Coverage Determination
Prior Authorization is required. Log on to Pres Online to submit a request: [https://ds.phs.org/preslogin/index.jsp](https://ds.phs.org/preslogin/index.jsp)

The Presbyterian Medical Policy for this procedure has been retired. Presbyterian now uses CMS LCD L34997 "Real Time, Outpatient Cardiac Telemetry". This criteria may be accessed online at the Novitas or CMS website.

Approval Signatures:

**Clinical Quality Committee:** Norman White MD

**Medical Director:** Pedro Cardona MD

**Approval Date:** January 25, 2017

**Publication History:**
- 05-28-08: Original effective date
- 08-26-09: Review and revision
- 09-22-10: Review and revision
- 02-22-12: Review and revision
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10-29-12: Removed deleted codes 93012 and 93014.
01-29-14: Presbyterian Policy Retired
01-29-14: Presbyterian now follows Aetna criteria #0073 and Novitas (L33075) criteria.
10-12-15: Update. CMS LCD L33075(Retired) changed to L34997.
08-08-16: Update. Use of the Aetna policy has been discontinued and the CMS LCD L34997 will be used for all members. Accessed Novitas website. Policy unchanged since original effective date 10/1/2015.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available on the Internet at:

http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm