IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Reimbursement Policy

External Electrocardiographic Recording

Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use.

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Summary

Overview

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.

Reimbursement Guidelines

External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage, may be considered medically necessary in patients treated for reasons listed in the ICD-9-CM list to monitor for asymptomatic episodes in order to evaluate treatment response. The use of external electrocardiographic event monitors for more than 48 hours up to 21 days that are either patient-activated or auto-activated may be considered medically necessary as a diagnostic alternative to Holter monitoring in patients who experience infrequent symptoms (less frequently than every 48 hours) suggestive of cardiac arrhythmias (i.e., palpitations, dizziness, presyncope, or syncope).

Indications

• Evaluation of the response to antiarrhythmic drug therapy
• Evaluation of myocardial infarction (MI) survivors with an ejection fraction of 40% or less.
• Assessment of patients with coronary artery disease with active symptoms, to correlate chest pain with ST-segment changes
• Other acute and subacute forms of ischemic heart disease
• To detect arrhythmias post ablation procedures.

No other EKG monitoring codes can be billed simultaneously with these codes and services represented by these codes are non-covered for inpatient or outpatient observation care.

Documentation Guidelines

Documentation should 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
External Electrocardiographic Recording

continuing symptoms that indicate the need for up to 48 hour monitoring or 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.

CPT/HCPCS Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>0295T</td>
<td>External Electrocardiographic Recording For More Than 48 Hours Up To 21 Days By Continuous Rhythm Recording And Storage; Includes Recording, Scanning Analysis With Report, Review And Interpretation</td>
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<tr>
<td>0296T</td>
<td>External Electrocardiographic Recording For More Than 48 Hours Up To 21 Days By Continuous Rhythm Recording And Storage; Recording (Includes Connection And Initial Recording)</td>
</tr>
<tr>
<td>0297T</td>
<td>External Electrocardiographic Recording For More Than 48 Hours Up To 21 Days By Continuous Rhythm Recording And Storage; Scanning Analysis With Report</td>
</tr>
<tr>
<td>0298T</td>
<td>External Electrocardiographic Recording For More Than 48 Hours Up To 21 Days By Continuous Rhythm Recording And Storage; Review And Interpretation</td>
</tr>
<tr>
<td>93228</td>
<td>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</td>
</tr>
<tr>
<td>93229</td>
<td>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</td>
</tr>
<tr>
<td>93268</td>
<td>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</td>
</tr>
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<td>93270</td>
<td>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)</td>
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<td>93271</td>
<td>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</td>
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<td>93272</td>
<td>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</td>
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Modifiers

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<td>Professional Component</td>
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# External Electrocardiographic Recording

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<th>TC</th>
<th>Technical Component</th>
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## References Included (but not limited to):

### CMS NCD
- NCD 20.15 Electrocardiographic Services

### CMS LCD(s)
- Numerous LCDs

### CMS Article(s)
- Numerous Articles

### CMS Benefit Policy Manual
- Chapter 1; § 50 Other Diagnostic or Therapeutic Items or Services
- Chapter 6; § 10 Medical and Other Health Services Furnished to Inpatients of Participating Hospitals, § 20.3 Encounter Defined
- Chapter 15; § 60.1 Services and Supplies Incident To Physician’s Professional Services, § 250 Medical and Other Health Services Furnished to Inpatients of Hospitals and Skilled Nursing Facilities

### CMS Claims Processing Manual
- Chapter 12; § 20.3(E) Bundled Services/Supplies: EKG Interpretations
- Chapter 13; § 100.1 X-rays and EKGs Furnished to Emergency Room Patients
- Chapter 16; § 10 Background (Laboratory Services)

### UnitedHealthcare Medicare Advantage Coverage Summaries
- Cardiovascular Diagnostic Procedures

### UnitedHealthcare Reimbursement Policies
- Electrocardiographic Services (NCD 20.15)

### UnitedHealthcare Medical Policies
- Outpatient Cardiovascular Telemetry

## History

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<tr>
<th>Date</th>
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<td>06/16/2014</td>
<td>Administrative updates</td>
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<tr>
<td>10/23/2013</td>
<td>Re-review of policy presented to MRPC for approval</td>
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<tr>
<td>09/12/2012</td>
<td>Policy presented to MRP Committee and approved</td>
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<tr>
<td>09/04/2012</td>
<td>Policy created</td>
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