

Subject:	Cardiac Event Detection - External Mobile Telemetry		
Policy Number:	PO-RE-150v1		
Effective Date:	11/01/2025	Last Approval Date:	09/15/2025

I. Policy Description

This reimbursement policy outlines the guidelines for Mobile Cardiac Telemetry (MCT), a critical service for monitoring cardiac activity in patients with suspected or paroxysmal dysrhythmias. MCT allows for the documentation and transmission of cardiac events to healthcare providers, enabling timely intervention. The service includes continuous monitoring by certified technicians, with data transmitted to a qualified facility for assessment and management.

The information below applies to the following lines of business:

- Child Health Plus (CHP)
- Medicaid Managed Care (MMC)
- Medicare Advantage
- Personal Wellness Plan (PWP)/Health & Recovery (HARP)
- Essential Plan (EP)
- Medicaid Advantage Plus/MAP (CompleteCare)
- Medicare PPO
- Qualified Health Plan (QHP)

Reimbursement Guidelines

Eligible Services

MCT services are eligible for reimbursement when billed and documented in accordance with the requirements outlined in this policy and Medical Policy MP080 (Cardiac Event Detection-External Mobile Telemetry).

Non-Coverage Criteria:

Reimbursement will not be provided for MCT services when:

- Testing is duplicative and provides little or no new clinical data beyond prior diagnostic tests (e.g., standard EKG).

- The patient is in an inpatient hospital, emergency room, skilled nursing facility, or other specialized facility.
- Outpatient or facility-based cardiac monitoring is required instead.
- Monitoring exceeds 30 consecutive days without justification.
- Repeat monitoring occurs within 12 months without new or recurrent undiagnosed symptoms.
- The patient is unable to activate or use the device appropriately.
- More than one cardiac event detection service is performed within the same 30-day period.

Monitoring Duration:

The standard monitoring period for MCT is 30 days; however, it may be discontinued once the symptom-producing arrhythmia is documented or after multiple transmissions without arrhythmia. The average duration of monitoring is expected to be between 10 to 14 days.

Billing Guidelines:

1. Use the following codes for billing Mobile Cardiac Telemetry services:

CPT/HCPCS Codes	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, with ECG triggered and patient-selected events transmitted to a remote attended surveillance center for up to 30 days; includes review and interpretation by a physician
93229	Similar to 93228, but includes technical support for connection and patient instructions for use, attended surveillance, analysis, and transmission of daily and emergent data reports.
93268	External patient-activated electrocardiographic rhythm-derived event recording with symptom-related memory loop and remote download capability for up to 30 days, including 24-hour attended monitoring.
93270	Recording service for external patient-activated electrocardiographic rhythm-derived event recording with symptom-related memory loop.
93271	Transmission and analysis service for external patient-activated electrocardiographic rhythm-derived event recording.
93272	Review and interpretation service by a physician for external patient-activated electrocardiographic rhythm-derived event recording.

2. Documentation Requirements:

Claims must include:

- Comprehensive clinical documentation supporting the medical necessity of MCT services.
- Evidence of prior non-diagnostic external ambulatory cardiac monitoring (if applicable).

- Detailed account of the patient's symptoms and justification for the selected monitoring duration.
3. Claim Submission
 - Claims for MCT services should be submitted after the completion of the monitoring period (up to 30 days).
 - If monitoring is discontinued early due to symptom resolution or documentation of arrhythmia, submit claims reflecting the actual duration of monitoring.
 4. Billing Frequency
 - Submit claims for MCT services once the monitoring period concludes, ensuring that all services rendered within that timeframe are included in the claim.
 5. Monitoring duration
 - Standard duration for MCT is up to 30 days.
 - Monitoring may be discontinued earlier upon documentation of arrhythmia or symptoms resolution
 - Typical monitoring period ranges from 10-14 days.

Adjudication and Appeal Process

1. Reimbursement for cardiac event detection – external mobile telemetry will be determined based on the provider's scope of services and the reimbursement rates outlined in the provider's contract with Healthfirst.
2. Claims submitted by providers that do not adhere to this policy will be denied or rejected. It is the responsibility of the provider to ensure claims are coded accurately.
3. If the line of business (LOB) is not mentioned in this policy, the services are not covered and not eligible for reimbursement.
4. This policy is a provider resource for understanding Healthfirst's reimbursement guidelines. It does not guarantee coverage or payment. Final reimbursement decisions depend on benefit coverage, state/federal mandates, medical necessity, and provider contract.
5. Claims submissions will be subject to timely filing requirements, as set forth in the provider contract with Healthfirst and in the Healthfirst Provider Manual. *Refer to: Healthfirst Provider Manual Subsection 17.6, "Claims Inquiries, Corrected Claims, Claim Reconsideration, and Appeal Process" in this section.*

For any questions or further clarification regarding this policy, providers are encouraged to reach out to their designated contact within our organization

II. Applicable Codes

Code	Description	Comment
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	
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	

III. Definitions

Term	Meaning

IV. Related Policies

Policy Number	Policy Description
MP-080	Cardiac Event Detection-External Mobile Telemetry
	MCG Transparency Portal
	Instructions for Accessing Clinical

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Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

LCD - Ambulatory Electrocardiograph (AECG) Monitoring (L39490)

VI. Revision History

Revision Date	Summary of Changes

Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple

procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for the services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.