

Mobile Cardiac Outpatient Telemetry (MCOT)

To ensure appropriate payments and maintain billing efficiencies, Healthfirst is committed to informing providers of new coding requirements for the usage of any medical device. This alert provides guidance on Healthfirst coding requirements for Mobile Cardiac Outpatient Telemetry (MCOT).

Overview

Mobile Cardiac Outpatient Telemetry (MCOT), or real-time outpatient cardiac telemetry (also known as real-time remote heart monitors), are devices that integrate standard auto-trigger event monitor (AEM) devices with automated calling features using computer-activated dialing of telephone land lines or cellular communication technology and monitoring services.

As with standard AEMs, real-time remote heart monitors use similar types of EKG leads and recording devices. However, when a real-time remote heart monitor detects arrhythmia, either automatically or by the patient, the EKG record is transmitted to a service center, which may notify the treating physician if certain criteria are met.

According to the Centers for Medicare & Medicaid Services (CMS) LCD Outpatient Cardiac Telemetry (L34997), MCOT is limited to patients who have demonstrated a specific need for this type of cardiac telemetry service. Importantly, the ordering physician must determine and ensure proper documentation to establish that patients requiring this service are at low risk for a life-threatening cardiac event. In addition, the medical record must clearly demonstrate that the results of this testing will provide diagnostic and/or treatment information useful in the ongoing management of the patient.

Coding Requirements

Consistent with CMS LCD L34997 guidelines, Healthfirst will require the following from providers:

Medically reasonable/necessary indications

1. Detection, characterization, and documentation of symptomatic, transient, or paroxysmal dysrhythmia when the frequency of the symptoms is limited and the use of a 24-hour ambulatory ECG is documented in the medical record as unlikely to capture and record the dysrhythmia.
2. Other testing and/or monitoring/recording/telemetry has been less than revealing. The ordering physician must document the prior testing performed and the results. This information must be maintained in the patient's medical record and be available upon request.

Provider Alert

3. Prolonged monitoring is required specifically to ensure the absence of atrial fibrillation prior to the discontinuation of anticoagulation therapy.

Documentation

1. All documentation must be maintained in the patient's medical record and made available to Healthfirst upon request.
2. The medical record documentation must support the medical necessity of the services, including documentation of, for example, frequency of symptoms, prior non-diagnostic testing, episodes of syncope, cardiac etiology, and any relevant test results.

Technical Components

The following documentation supports the technical component of the service and must be maintained by the surveillance center and be available to Healthfirst upon request.

- The order for the service
- Appropriate patient selection criteria based on medical necessity
- Copies of transmitted ECG and response by the surveillance center
- Reports to the ordering physician
- Physician contacts and related reports
- Summary report at the end of the monitoring episode
- Documentation of level of training and certification for qualified personnel
- Documentation of plan for quality control for ECG surveillance
- Documentation of procedures for emergency management of patients
- Documentation of plan to ensure uninterrupted 24/7 surveillance of patients

The medical record must document those times when the physician was contacted by the surveillance center as a result of the detection of dysrhythmias according to the pre-determined criteria, tailored to the patient by the physician. In addition, the medical record must contain the action that was taken by the physician as a result of this notification. This documentation includes those instances when the physician determines that no action was necessary.

Please refer to the [Local Coverage Determination \(LCD\): for Real-Time, Outpatient Cardiac Telemetry \(L34997\)](#) for additional requirements and limitations.

If you have any questions, contact your Network Account Manager, or call Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.

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