



UM-CDG-015 Electrocardiographic Monitoring

Approved By:
Director, Health Services

Effective Date:
10/31/2025

This Policy applies to all SECUR affiliates, associates, and subsidiaries.

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

PURPOSE

This coverage determination guideline serves to address electrocardiographic (EKG or ECG) monitoring (Holter or Real Time Monitoring), diagnostic procedures which provide continuous reading capabilities of ECG activities of the heart while the person is engaged in daily activities. These may be continuous, member-demanded, or auto-detected devices. The purpose of this testing is to provide information about rhythm disturbances and waveform abnormalities and to note the frequency of occurrence.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

DEFINITIONS

None

POLICY

Cardiac Event Detection (CED) is a 30-day service for the purpose of the documentation and diagnosis of paroxysmal or suspected arrhythmias.

Holter Monitoring (24-hour ECG monitoring) is a study used to evaluate the member's ambient heart rhythm during a full day cycle (24 hours). It is a wearable ECG monitor that records the overall heart rhythm and significant arrhythmias.

For SECUR Health Plan to consider these as medically necessary, indications listed in this coverage determination guideline must be present for the tests to be covered.

Indications for 48-hour ECG recording include one or more of the following:

1. Symptoms:
 - a. Arrhythmia(s)
 - b. Chest pain
 - c. Syncope or near syncope
 - d. Vertigo

- e. Palpitations
 - f. Transient ischemic episodes
 - g. Dyspnea
2. Evaluation to response to antiarrhythmic drug therapy
 3. Evaluation of myocardial infarction survivors with an ejection fraction of 40% or less
 4. Assessment of members with coronary artery disease with active symptoms to correlate chest pain with ST segment changes
 5. Other acute or subacute forms of ischemic heart disease
 6. Detection of arrhythmias post ablation procedure

The use of external electrocardiographic recording for greater than 48 hours and up to 7 days or for greater than 7 days up to 15 days by continuous rhythm recording and storage, may be considered medically necessary in members treated for reasons listed for asymptomatic episodes to evaluate treatment response. The use of external electrocardiographic event monitors for greater than 48 hours and up to 7 days or for greater than 7 days up to 15 days that are either member-activated or autoactivated may be considered medically necessary as a diagnostic alternative to Holter monitoring in members who experience infrequent symptoms, less frequently than every 48 hours, suggestive of cardiac arrhythmias.

Long term 30-day monitoring involving telephone transmission of ECG involves 24 hour attended monitoring per 30-day period. Indications for performing telephone transmission include:

- a. Arrhythmias
- b. Chest pain
- c. Syncope
- d. Vertigo
- e. Palpitations
- f. Transient ischemic episodes
- g. Dyspnea
- h. Initiation, revision, or discontinuation of arrhythmia drug therapy
- i. Evaluation of myocardial infarction survivor
- j. Evaluation of acute or subacute forms of ischemic heart disease
- k. Assessment of members with coronary artery disease with active symptoms to correlate chest pain with ST segment changes

References:

1. Arrocha A, Klein GJ, Benditt DG, Sutton R, Krahn AD. Remote electrocardiographic monitoring with a wireless implantable loop recorder: Minimizing the Data Review Burden. *Pacing and Clinical Electrophysiology*. 2010;33(11):1347-1352. doi:10.1111/j.1540-8159.2010.02857.x

2. Kristiansen J, Korshøj M, Skotte JH, et al. Comparison of two systems for long-term heart rate variability monitoring in free-living conditions - a pilot study. *BioMedical Engineering OnLine*. 2011;10(1):27. doi:10.1186/1475-925x-10-27
3. Zimetbaum P, Goldman A. Ambulatory arrhythmia monitoring. *Circulation*. 2010;122(16):1629-1636. doi:10.1161/circulationaha.109.925610
4. Local Coverage Determination (LCD) L34636, Electrocardiographic (EKG or ECG) Monitoring (Holter or Real-Time Monitoring)
<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=34636&ver=36>