



# Reimbursement Policy for Ambulatory Echocardiograph Monitoring

## Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

## Policy Overview

This policy outlines the audit, recovery, and reimbursement guidelines for Ambulatory Electrocardiograph (AECG) diagnostic procedures provided to members of Molina Healthcare. It aims to ensure that AECG monitoring is medically appropriate, cost-effective, and aligned with regulatory and state-specific guidelines.

## Scope

This policy applies to various AECG monitoring devices including but not limited to:

- ❖ Holter Monitors
- ❖ Event Recorders/Monitors
- ❖ Patch Recorders
- ❖ External Loop Recorders
- ❖ Mobile Cardiovascular Telemetry
- ❖ Mobile Cardiovascular Outpatient Telemetry
- ❖ Insertable Cardiac Monitor/Internal Loop Recorders
- ❖ Subcutaneous Cardiac Rhythm Monitors

## Medical Necessity Criteria

According to CMS guidelines and state Medicaid policies, AECG monitoring performed with an FDA-cleared device will be considered medically reasonable and necessary under the following conditions:

## General Criteria

- ❖ A standard 12-lead ECG, complete cardiac history, and cardiac exam have not satisfactorily explained the patient's cardiac complaints.
- ❖ AECG testing will assist in developing or modifying a treatment plan for patients at risk for cardiac arrhythmias.

## Specific Indications

- ❖ Unexplained syncope, near syncope, episodic dizziness, chest pain, palpitations, and/or shortness of breath.



- ❖ Documented or suspected bradycardia.
- ❖ Nocturnal arrhythmias.
- ❖ Average heart rate and adequacy of rate control assessment in atrial fibrillation.
- ❖ Regulation of anti-arrhythmic drug dosage.
- ❖ Effectiveness of arrhythmia therapy (e.g., post-ablation).
- ❖ Prognosis following acute coronary syndrome.
- ❖ Pre/Post implantable cardiac defibrillator reprogramming.
- ❖ Silent myocardial ischemia in known or suspected coronary heart disease.
- ❖ Asymptomatic ventricular premature beats or non-sustained ventricular tachycardia in specific heart conditions.
- ❖ Occult atrial fibrillation (A-Fib) as a potential cause of cardio-embolism in cryptogenic stroke.

**Duration of Monitoring**

- ❖ A 24–48-hour monitor is most appropriate for patients with daily or near-daily symptoms.
- ❖ The duration should be consistent with the patient’s signs and symptoms.

**Reimbursement Guidelines**

Providers must use the appropriate CPT codes for billing AECG monitoring services. Reimbursement will be according to the Molina Healthcare fee schedule and subject to the limitations and conditions outlined in this policy.

**Audit and Recovery**

- ❖ Claims may be subject to post-payment audits.
- ❖ Recovery efforts will be initiated for claims found to be inconsistent with this policy, CMS guidelines, or state Medicaid policies.

**Supplemental Information**

**Definitions**

Term	Definition
CMS	the Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children’s Health Insurance Program (CHIP), and health insurance portability standards.

**Documentation History**

Type	Date	Action
Published		
Revised Date		



## References

Please note that state-specific guidance may impact this policy and should be reviewed and followed accordingly.

- ❖ Centers for Medicare & Medicaid Services (CMS: [Medicare National Coverage Determinations \(NCD\) Manual](#))
- ❖ State Medicaid Websites: [List of State Medicaid Websites](#)

## Disclaimer

This policy is subject to updates based on changes in legal or regulatory guidelines. Providers are encouraged to regularly review policy updates published on Molina Healthcare's provider website.

This policy is designed to provide guidance and is not a guarantee of payment. Healthcare providers should make medical necessity determinations based on the individual clinical circumstances of each patient.