Policy: MP092

Section: Medical Benefit Policy

Subject: Implantable Cardiac Loop Recorder

Applicable Lines of Business

Commercial	X	CHIP	X
Medicare	X	ACA	X
Medicaid	X		

I. Policy: Implantable Cardiac Loop Recorder

II. Purpose/Objective:
   To provide a policy of coverage regarding Implantable Cardiac Loop Recorder

III. Responsibility:
   A. Medical Directors
   B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions
Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
c. in accordance with current standards of good medical treatment practiced by the general medical community.
d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment
Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:
- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.

- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

DESCRIPTION:

The implantable cardiac loop recorder is a patient-activated monitoring system that records electrocardiographic (ECG) tracings. The device is a programmable event recorder with looping memory and is implanted subcutaneously in the chest. When symptoms occur, the patient uses a hand held activator to store a segment of the ECG into the devices memory.

Geisinger Health Plan requires prior authorization through Cohere for Cardiology services for members enrolled in its Commercial HMO and PPO, Medicare Advantage. GHP Family Medicaid and CHIP products. To direct the application of these services for Geisinger Health Plan members, Cohere utilizes its proprietary clinical criteria, Utilization Management decision-support tools, and evidence-based medical treatment guidelines. For more information about the services that require prior authorization, refer to https://payerinfo.zendesk.com/hc/en-us

CODING ASSOCIATED WITH: Implantable Cardiac Event Loop Recorder

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov *or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.*

33285
33286
Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

Medicaid Business Segment:

Any requests for services that do not meet criteria set in the PARP may be evaluated on a case by case basis

LINE OF BUSINESS:

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

This policy will be revised as necessary and reviewed no less than annually.

Devised: 4/8/98

Revised: 3/03, 3/04, 3/06; 11/18 (added indication); 12/20 (Transition to Health Help) 10/23 (transition to Cohere)

Reviewed: 3/05, 3/07, 3/08, 3/09, 3/10, 3/11, 3/12, 3/13, 3/14, 3/15, 3/16, 3/17, 2/18, 2/20, 2/22

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at https://www.geisinger.org/health-plan/providers/ghp-clinical-policies