

Mobile Cardiac Telemetry (MCT)

Useful for patients with infrequent or unpredictable symptoms which should be noted by physician. Typically prescribed for 3-14 days (up to 30) Automatically detects and sends data. MCT provides the most information such as AFIB burden and tachy, brady and pauses, and is reviewed for quality and verified by certified ECG techs. Data is transmitted to a 24-hour manned monitoring center via a mobile network, and then interpreted by qualified, cardiac-trained registered techs. In contrast to the cardiac event monitor, MCT provides real-time monitoring and analysis. (CPT 93228/ 93229)

Cardiac Event Monitor (CEM)

Typically worn for 7-30 days, CEM is prescribed for patients whose symptoms occur infrequently. When the patient experiences an abnormality, he *manually* presses a button to record the preceding and following five minutes of the event. There is also an auto-capture feature where the device records the information even if the patient is unaware of the activity. Provides general report of arrhythmias and rhythm strips at the end of testing. (CPT 93268)

Holter Monitor

Records the patient's heart rhythm typically for 24-48 hours during which the patient assumes normal, daily activities. Lower cost option, many physicians report non-diagnostic rates up to 80%. Provides a summary of heart rate averages and variability, VE, SVE and events, and daily summaries. (CPT 93224)

Extended Holter

Records the patient's heart rhythm typically for 3-14 days during which the patient assumes normal, daily activities. Provides larger data set than regular Holter. Provides a summary of heart rate averages and variability, VE, SVE and events, and daily summaries. (CPT 93241 or 93245)

Holter with follow-on MCT

Prescribed when patient's insurance requires a non-diagnostic Holter monitor before prescribing MCT. Bioflux automatically switches to MCT after Holter is concluded without an office visit and without swapping devices. (CPT 93224 / 93228 / 93229)