



PCP Treatment & Referral Guidelines

LOOP RECORDER GUIDELINE

Developed June 10th, 2019

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Implantable Loop Recorders (ILR) are medically necessary for evaluation of:

1. Cryptogenic stroke for patients who have had a non-diagnostic Holter monitor or 48 hour telemetry.
2. Ventricular arrhythmias (known or suspected).
3. Unexplained episodes of pre-syncope, "seizures", palpitations, or dizziness that when both of the following criteria are met.
 - a. A cardiac arrhythmia is suspected as the cause of the symptoms;
 - b. Either of the following criteria are met:
 - i. Members with heart failure, prior myocardial infarction or significant ECG abnormalities (see below); *noninvasive ambulatory monitoring, consisting of 30-day pre-symptom external loop recordings or MCT, fails to establish a definitive diagnosis.*
 - ii. Members without heart failure, prior myocardial infarction or significant ECG abnormalities (see below) and symptoms occur so infrequently and unpredictably (less frequently than once per month) that noninvasive ambulatory monitoring (MCT or external loop recorders) are unlikely to capture a diagnostic ECG

Significant ECG Abnormalities:

- Non-sustained VT
- Bifascicular-block (LBBB or RBBB combined with left anterior or left posterior fascicular block) or other intraventricular conduction abnormalities with QRS duration ≥ 120 ms
- Inadequate sinus bradycardia (≤ 50 bpm) or sinoatrial block in absence of negative chronotropic medications or physical training
- Pre-excited QRS complex
- Prolonged or short QT interval
- RBBB pattern with ST-elevation in leads VI-V3 (Brugada pattern)
- Negative T waves in precordial lead
- Epsilon wave
- Ventricular late potentials suggestive ARVC