

Cardiac Pacemakers and Defibrillators

Policy Number: BIP017.Q
Effective Date: January 1, 2026

[Instructions for Use](#)

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Related Benefit Interpretation Policy

- [Durable Medical Equipment \(DME\), Prosthetics, Corrective Appliances/Orthotics \(Non-Foot Orthotics\), and Medical Supplies Grid](#)

Federal/State Mandated Regulations

None

State Market Plan Enhancements

None

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Covered benefits include:

- Cardiac Pacemakers (single-chamber or dual chamber)
- Cardiac Pacemaker monitoring (self-contained and trans-telephonic)
- Implantable Automatic Defibrillators
- Automatic external defibrillators

Not Covered

Non-medically necessary cardiac Pacemakers, cardiac Pacemaker monitoring, or Automatic Defibrillators.

Definitions

Implantable Automatic Defibrillator (ICD): An ICD is a battery-powered device placed under the skin that keeps track of your heart rate. Thin wires connect the ICD to your heart. If an abnormal heart rhythm is detected the device will deliver an electric shock to restore a normal heartbeat.

Pacemaker: A small battery-operated device that helps the heartbeat in a regular rhythm. Traditional Pacemakers have three parts: a generator, wires (leads), and sensors (electrodes). Some newer Pacemakers are wireless.

References

American Heart Association. "Implantable Cardioverter Defibrillator (ICD)". www.heart.org, [Implantable Cardioverter Defibrillator \(ICD\) | American Heart Association](#). Accessed December 1, 2025.

American Heart Association. "Pacemaker". www.heart.org, [Pacemaker | American Heart Association](#). Accessed December 1, 2025.

Policy History/Revision Information

Date	Summary of Changes
01/01/2026	<ul style="list-style-type: none"><li data-bbox="337 436 971 464">• Routine review; no change to coverage guidelines<li data-bbox="337 468 883 495">• Archived previous policy version BIP017.P

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.