

Cardiac Pacemakers and Defibrillators

Policy Number: BIP018.M
 Effective Date: February 1, 2022

[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.

- Cardiac pacemakers (single-chamber or dual chamber), when medical criteria are met.
 For medical necessity clinical coverage criteria, refer to the InterQual® 2021, Apr. 2021 Release, CP: Procedures:
 - Implantable Cardioverter Defibrillator (ICD) Insertion
 - Pacemaker Insertion
 - Pacemaker Insertion, Biventricular
 - Pacemaker Insertion, Biventricular + Implantable Cardioverter Defibrillator (ICD) Insertion

Click [here](#) to view the InterQual® criteria.
- Cardiac Pacemaker monitoring
 - Self-contained Pacemaker monitors may be covered when prescribed by the treating physician with a Cardiac Pacemaker
 - Digital electronic Pacemaker monitor provides the member with an instantaneous digital readout of his Pacemaker pulse rate. Use of this device does not involve professional services until there has been a change of five pulses (or more) per minute above or below the initial rate of the Pacemaker; when such change occurs, the member contacts his physician.

- Audible/Visible signal Pacemaker monitor produces an audible and visible signal which indicates the Pacemaker rate. Use of this device does not involve professional services until a change occurs in these signals; at such time, the member contacts his physician.

Note: The design of the self-contained Pacemaker monitor makes it possible for the member to monitor his Pacemaker periodically and minimizes the need for regular visits to the outpatient department of the provider.

- Trans-telephonic Cardiac Pacemaker monitoring
 - Limited to lithium battery powered Pacemakers
 - Trans-telephonic Cardiac monitoring may be done by:
 - Member's physician
 - Outside entity-requires an annually renewed physician's prescription and may include:
 - Commercial monitoring service
 - Hospital outpatient department
 - Pacemaker clinic
 - Frequency of monitoring
 - Responsibility of member's physician to determine frequency
 - Trans-telephonic cardiac monitoring must consist of the following:
 - Minimum 30 second readable strip of the pacemaker in the free running mode
 - Unless contraindicated, a minimum 30 second readable strip of the pacemaker in the magnetic mode
 - Minimum 30 seconds of readable ECG/EKG strip
- Implantable Automatic Defibrillators
- Automatic External Defibrillators

Not Covered

Cardiac Pacemakers, Cardiac Pacemaker monitoring, or Automatic Defibrillators when criteria are not met.

Definitions

Implantable Automatic Defibrillator: An electronic device designed to diagnose and treat life-threatening tachyarrhythmias. The device consists of a pulse generator and electrodes for sensing and defibrillating.

References

Medicare National Coverage Determination: Refer to the [NCD for Transtelephonic Monitoring of Cardiac Pacemakers \(20.8.1.1\)](#); (Accessed January 12, 2022)

Policy History/Revision Information

Date	State(s) Affected	Summary of Changes
02/01/2022	All	<p>Covered Benefits</p> <p><i>Cardiac Pacemaker Monitoring</i></p> <ul style="list-style-type: none"> ● Updated coverage guidelines for trans-telephonic cardiac pacemaker monitoring; removed language indicating frequency [of monitoring] may vary over time and require modifications <p>Supporting Information</p> <ul style="list-style-type: none"> ● Archived previous policy version BIP018.L

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.