Cardiac Pacemakers and Defibrillators

Policy Number: BIP018.N
Effective Date: June 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® 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
06/01/2022	All	Coverage Rationale • Removed reference to specific InterQual® release date; refer to the most current InterQual® criteria Supporting Information • Archived previous policy version BIP018.M

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.