

Premier Health Insuring Corporation

POLICY AND PROCEDURE MANUAL

Policy Number: PA.100.PC
Last Review Date: 09/10/2015
Effective Date: 01/01/2016
Renewal Date: 01/01/2017

PA.100.PC – Cardiac Defibrillator

This policy applies to the following line(s) of business:

- ✓ Premier Health Insuring Corporation MA – DSNP

Premier Health Insuring Corporation considers Subcutaneous Implantable Cardiac Defibrillators (S-ICDs) medically necessary for the following indications:

The member will meet all of the following criteria for S-ICD placement (1-4):

1. Candidate for ICD implantation based on ACC/AHA/HRS and CMS indications
2. No indication of cardiac rhythms requiring pacing
3. Passed the S-ICD Electrogram (EGM) screening
4. Any of the following conditions putting the member at high risk for complications from endovascular ICD implantation:
 - a. Prior device infection
 - b. Active systemic infection (bacteremia, sepsis, open ulcers, etc.) or prior systemic infection related to and necessitating implantable device removal
 - c. Vascular occlusion
 - d. Member on dialysis
 - e. Hypercoagulable state
 - f. Member < 50 years old with the expected longevity of ICD placement over 10 years duration

Note: The S-ICD system must have FDA approval and be used only for FDA approved indications.

Background

Sudden cardiac death can be defined as a death due to cardiac causes within one hour of the onset of symptoms. Ventricular fibrillation (VF) or ventricular tachycardia (VT) are the leading causes for sudden cardiac death. The implantable automatic defibrillator is an electronic device designed to detect and treat life-threatening tachyarrhythmias, VF and VT. The device consists of a pulse generator and electrodes for sensing and defibrillating.

Code:

33270: Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluations,

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induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed

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Disclaimer:

Premier Health Insuring Corporation medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of Premier Health Insuring Corporation and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

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Premier Health Insuring Corporation reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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