I. Policy: Automatic Implantable Cardioverter-Defibrillator

II. Purpose/Objective:
To provide a policy of coverage regarding Automatic Implantable Cardioverter-Defibrillator

III. Responsibility:
A. Medical Directors
B. Medical Management

IV. Required Definitions
1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions
Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;

b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;

c. in accordance with current standards of good medical treatment practiced by the general medical community.

d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and

e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment
Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

(i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.

(ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.

(iii) The service or benefit will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.
DESCRIPTION:
The automatic implantable cardioverter-defibrillator is an electronic device designed to reduce the risk of sudden cardiac death by monitoring a member’s heart rate, recognizing life-threatening arrhythmias such as ventricular fibrillation and ventricular tachycardia, and by automatically delivering an electrical shock to terminate the arrhythmia. Automatic implantable cardioverter-defibrillator (AICD) devices have also been incorporated with cardiac resynchronization therapy, allowing simultaneous treatment of congestive heart failure with ventricular conduction dysfunction and sudden cardiac death caused by ventricular arrhythmias.

Geisinger Health Plan requires prior authorization through HealthHelp for Cardiology services for members enrolled in its Commercial HMO and PPO, Medicare Advantage. GHP Family Medicaid and CHIP products. To direct the application of these services for Geisinger Health Plan members, HealthHelp utilizes its proprietary clinical criteria, Utilization Management decision-support tools, and evidence-based medical treatment guidelines. For more information about the services that require prior authorization, refer to www.healthhelp.com/Geisinger

CODING ASSOCIATED WITH: Automatic Implantable Cardioverter-Defibrillator

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.

<table>
<thead>
<tr>
<th>Cardiac Devices - Implantable Cardioverter-Defibrillator with Substernal Electrode</th>
<th>CODES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed</td>
<td>0571T</td>
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<tr>
<td>Insertion of substernal implantable defibrillator electrode</td>
<td>0572T</td>
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<tr>
<th>Cardiac Devices - HCPCS</th>
<th>CODES:</th>
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<tbody>
<tr>
<td>Cardioverter-defibrillator, dual chamber (implantable)</td>
<td>C1721</td>
</tr>
<tr>
<td>Cardioverter-defibrillator, single chamber (implantable)</td>
<td>C1722</td>
</tr>
<tr>
<td>Lead, cardioverter-defibrillator, endocardial single coil (implantable)</td>
<td>C1777</td>
</tr>
<tr>
<td>Lead, pacemaker, transvenous VDD single pass</td>
<td>C1779</td>
</tr>
<tr>
<td>Pacemaker, dual chamber, rate-responsive (implantable)</td>
<td>C1785</td>
</tr>
<tr>
<td>Pacemaker, single chamber, rate-responsive (implantable)</td>
<td>C1786</td>
</tr>
<tr>
<td>Cardioverter-defibrillator, other than single or dual chamber (implantable)</td>
<td>C1882</td>
</tr>
<tr>
<td>Lead, cardioverter-defibrillator, endocardial dual coil (implantable)</td>
<td>C1895</td>
</tr>
<tr>
<td>Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)</td>
<td>C1896</td>
</tr>
</tbody>
</table>
Lead, pacemaker, other than transvenous VDD
single pass
Lead, pacemaker/cardioverter-defibrillator
combination (implantable
Lead, left ventricular coronary venous system
Pacemaker, dual chamber, nonrate-responsive
(implantable)
Pacemaker, single chamber, nonrate-responsive
(implantable)
Pacemaker, other than single or dual chamber
(implantable)
Automatic external defibrillator, with integrated
electrocardiogram analysis, garment type
Replacement battery for automated external
defibrillator, garment type only, each

Cardiac Devices - Cardiac Resynchronization
Therapy - Defibrillator (CRT-D)
CODES:
Insertion of a single transvenous electrode,
permanent pacemaker or implantable defibrillator
Insertion of 2 transvenous electrodes, permanent
pacemaker or implantable defibrillator
Insertion of pacing electrode, cardiac venous
system, for left ventricular pacing, with attachment
to previously placed pacemaker or implantable
defibrillator pulse generator (including revision of
pocket, removal, insertion, and/or replacement of
existing generator)
Insertion of pacing implantable defibrillator pulse
generator only; with existing multiple leads
Insertion of implantable defibrillator pulse
generator only; with existing single lead
Removal of implantable defibrillator pulse
generator only
Removal of single or dual chamber implantable
defibrillator electrode(s); by transvenous
extraction
Insertion or replacement of permanent implantable
defibrillator system with transvenous lead(s),
single or dual chamber
Removal of implantable defibrillator pulse
generator with replacement of implantable
defibrillator pulse generator; multiple lead system

Cardiac Devices - Automatic Implantable
Cardioverter Defibrillator (AICD)
CODES:
Insertion of a single transvenous electrode,
permanent pacemaker or implantable defibrillator
Insertion of 2 transvenous electrodes, permanent
pacemaker or implantable defibrillator
Insertion of pacing implantable defibrillator pulse
generator only; with existing dual leads
Insertion of implantable defibrillator pulse
generator only; with existing single lead
Removal of implantable defibrillator pulse generator only 33241
Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction 33244
Insertion or replacement of permanent implantable defibrillator system with transvenous lead(s), single or dual chamber 33249
Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system 33262
Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system 33263
Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed 33270
Insertion of subcutaneous implantable defibrillator electrode 33271
Removal of subcutaneous implantable defibrillator electrode 33272
Repositioning of previously implanted subcutaneous implantable defibrillator electrode 33273

Cardiac Devices - Cardiac Resynchronization Therapy - Pacemaker (CRT-P)
Insertion or replacement of permanent pacemaker with transvenous electrode(s); ventricular 33207
Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular 33208
Insertion or replacement of pacemaker pulse generator only; dual chamber 33213
Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator) 33214
Insertion of pacemaker pulse generator only; with existing multiple leads 33221


LINE OF BUSINESS:
Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD’s and NCD’s will supersede this policy. For PA Medicaid Business segment, this policy applies as written.

This policy will be revised as necessary and reviewed no less than annually.
Devised: 7/04

Revised: 7/05 (coding, expanded CMS indication); 5/06 (addition of CRT-D, remove prior auth); 5/07, 6/14 (added exclusion); 5/16 (add S-ICD criteria); 5/19 (revise ICD/CRT criteria); 12/20 (Transition to Health Help)

Reviewed: 5/08, 5/09, 6/10, 6/11, 6/12, 6/13, 6/14; 5/15, 5/17, 5/18, 5/20

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.