Geisinger

Geisinger Health Plan Policies and Procedure Manual

Policy: MP140

Section: Medical Benefit Policy

Subject: Automatic Implantable Cardioverter-Defibrillator

Applicable Lines of Business

Commercial	**X**	**CHIP**	**X**
Medicare	**X**	**ACA**	**X**
Medicaid	**X**		

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

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.

- 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 Cohere 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, Cohere 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 https://payerinfo.zendesk.com/hc/en-us

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.***

Cardiac Devices - Implantable Cardioverter-Defibrillator with Substernal Electrode	**CODES:**
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	0571T
Insertion of substernal implantable defibrillator electrode	0572T

Cardiac Devices - HCPCS	**CODES:**
Cardioverter-defibrillator, dual chamber (implantable)	C1721
Cardioverter-defibrillator, single chamber (implantable)	C1722
Lead, cardioverter-defibrillator, endocardial single coil (implantable)	C1777
Lead, pacemaker, transvenous VDD single pass	C1779
Pacemaker, dual chamber, rate-responsive (implantable)	C1785
Pacemaker, single chamber, rate-responsive (implantable)	C1786
Cardioverter-defibrillator, other than single or dual chamber (implantable)	C1882
Lead, cardioverter-defibrillator, endocardial dual coil (implantable)	C1895

Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)	C1896
Lead, pacemaker, other than transvenous VDD single pass	C1898
Lead, pacemaker/cardioverter-defibrillator combination (implantable	C1899
Lead, left ventricular coronary venous system	C1900
Pacemaker, dual chamber, nonrate-responsive (implantable)	C2619
Pacemaker, single chamber, nonrate-responsive (implantable)	C2620
Pacemaker, other than single or dual chamber (implantable)	C2621
Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	K0606
Replacement battery for automated external defibrillator, garment type only, each	K0607

Cardiac Devices - Cardiac Resynchronization Therapy - Defibrillator (CRT-D)	**CODES:**
Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	33216
Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	33217
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)	33224
Insertion of pacing implantable defibrillator pulse generator only; with existing multiple leads	33231
Insertion of implantable defibrillator pulse generator only; with existing single lead	33240
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; multiple lead system	33264

Cardiac Devices - Automatic Implantable Cardioverter Defibrillator (AICD)	**CODES:**
Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	33216
Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	33217
Insertion of pacing implantable defibrillator pulse generator only; with existing dual leads	33230

Insertion of implantable defibrillator pulse generator only; with existing single lead	33240
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)	**CODES:**
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

Medicaid Business Segment:

Any requests for services that do not meet criteria set in the PARP may be evaluated on a case by case basis.

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 supercede 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), 10/23 (transition to Cohere

Reviewed: 5/08, 5/09, 6/10, 6/11, 6/12, 6/13, 6/14; 5/15, 5/17, 5/18, 5/20, 5/21