

## OHCA Guideline

<b>Medical Procedure Class:</b>	<b>Wearable Cardioverter Defibrillator (WCD) and Automated External Defibrillator (AED)</b>
Initial Implementation Date:	7/18/2014
Last Review Date:	12/3/2019
Effective Date:	12/3/2019
Next Review/Revision Date:	December 2022
* This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.	
<input type="checkbox"/> New Criteria <span style="float: right;"><input checked="" type="checkbox"/> Revision of Existing Criteria</span>	
<b>Summary</b>	
<b>Purpose:</b>	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
<b>Definitions</b>	
<p><u>Cardiac defibrillator</u> – a device that shocks the heart back into a normal rhythm to prevent sudden cardiac arrest.</p> <p><u>Implantable cardiac defibrillator (ICD)</u> – a cardiac defibrillator that is implanted into the patient’s chest; is used to detect dangerously fast heartbeats and give a lifesaving shock to correct the heart’s rhythm.</p> <p><u>Sudden cardiac arrest</u> – when the heart suddenly stops beating; can cause death within minutes if not treated.</p> <p><u>Wearable cardiac defibrillator (WCD)</u> – cardiac defibrillator worn under them patient’s clothing that can detect dangerously fast heartbeats and give a lifesaving shock to correct the heart’s rhythm.</p>	
<b>Description</b>	
<p>An <b>automated external defibrillator (AED)</b> is a compact, portable device that is used to deliver an electrical shock to a victim of sudden cardiac arrest.</p> <p>A <b>wearable cardiac defibrillator (WCD)</b> is an external vest-like device that is intended to perform the same functions as an implanted cardiac defibrillator (ICD) without requiring an invasive procedure. This device is used to monitor and treat abnormal heart rhythms in people at risk of dying from sudden cardiac arrest. A WCD consists of a vest that is worn under clothing for 24 hours a day except when the patient is bathing or showering. The vest includes an electrode belt that contains the cardiac monitoring electrodes and the therapy electrodes that deliver an electrical shock if a life-threatening ventricular arrhythmia is detected. The WCD is programmable and communicates with the patient through voice and display messages, tones, or alarms and vibration against the skin. When an arrhythmia is detected, the device instructs the patient to stop the impending shock by pressing a response button to avoid receiving a shock while conscious. The WCD is designed to deliver an electric shock within 60 seconds of the onset of ventricular tachycardia or ventricular fibrillation unless a conscious patient presses the response button. The patient can also connect the WCD to an external modem and send the data it has collected over the phone to a physician’s computer for review.</p>	

### CPT Codes Covered Requiring Prior Authorization (PA)

K0606, K0609, E0617 (See HCPCS manual for code definitions)

### Approval Criteria

A wearable cardiac defibrillator or an automatic external defibrillator will be considered medically necessary when **any** of the following criteria are met:

1. A documented episode of ventricular fibrillation or a sustained (lasting 30 seconds or longer) ventricular tachycardia (these dysrhythmias may be either spontaneous or induced during an electrophysiologic (EP) study, but may not be due to a transient or reversible cause and not occur during the first 48 hours of an acute myocardial infarction (AMI); **or**
2. A previously implanted defibrillator now requires removal; **or**
3. Member meets criteria for an ICD (see criteria below) and is awaiting heart transplantation; **or**
4. Member meets criteria for an ICD and has a systemic infectious process or other temporary condition that precludes ICD implantation; **or**
5. Either documented prior myocardial infarction or dilated cardiomyopathy and a measured LVEF (left ventricular ejection fraction) less than or equal to 35%; **or**
6. Familial or inherited conditions with a high risk of life-threatening VT such as long QT syndrome or hypertrophic cardiomyopathy; **and**
7. For non-wearable device only, a caregiver will be present in the home and is capable of operating the cardioverter defibrillator.

### Documentation Requirements

A request for prior authorization must be submitted with the following documentation:

1. A letter or progress note from the treating SoonerCare contracted Cardiologist indicating need and reason for patient to wear WCD/AED; **and**
2. A report of recent LVEF within 60 days; **and**
3. Estimated length of time patient will need to wear WCD/AED; **and**
4. Plan of treatment for Ischemia, congestive heart failure or arrhythmias, and plan for repeat evaluation; **and**
5. Documentation indicating the Cardiologist has discussed in detail with the patient and caregiver about need to wear WCD/AED, possible sudden cardiac death if patient does not wear the device, plan of follow up, repeat evaluation, etc., and patient agrees to comply.
6. A request for extension of authorization for WCD/AED beyond the initial three month period must be accompanied by **all** of the following:
  - Report of compliance (print out report from device) demonstrating compliance of at least 75% or better on a weekly basis; **and**
  - Report of repeated echocardiogram within 60 days indicating ejection fraction is  $\leq$  35%; **and**
  - Report of any additional diagnostic testing or procedures that support continuing medical necessity; **and**
  - Medical reason for extension; **and**
  - Length of extension; **and**
  - Any future plans for treatment.

### Additional Information

Indications for implantable cardioverter-defibrillator (ICD) implantation include the following:

1. Ischemic cardiomyopathy with New York Heart Association (NYHA) functional class II or class III symptoms, a history of myocardial infarction at least 40 days before ICD treatment and LVEF of 35% or less; **or**

2. Ischemic cardiomyopathy with NYHA functional class I symptoms, a history of MI at least 40 days before ICD treatment, and LVEF of 30% or less; **or**
3. Nonischemic dilated cardiomyopathy and LVEF of 35% or less, after reversible causes have been excluded, and the response to optimal medical therapy, defined as 3 months of maximally titrated does as tolerated of an ACE inhibitor, beta-blocker, and diuretic, has been adequately determined; **or**
4. Hypertrophic cardiomyopathy (HCM) with one or more major risk factors for sudden cardiac death (history of premature HCM-related sudden death in one or more first-degree relatives younger than 50 years; left ventricular hypertrophy greater than 30 mm; one or more runs of non-sustained ventricular tachycardia at heart rates of 120 beats per minute or greater on 24-hour Holter monitoring; prior unexplained syncope inconsistent with neurocardiogenic origin) and judged to be at high risk for sudden cardiac death by a physician experienced in the care of patients with HCM; **or**
5. Diagnosis of one of the following cardiac ion channelopathies and considered to be at high risk for sudden cardiac death: Brugada syndrome, catecholaminergic polymorphic ventricular tachycardia, congenital long QT syndrome, or short QT syndrome; **or**
6. Patients with a history of a life-threatening clinical event associated with ventricular arrhythmic events such as sustained ventricular tachyarrhythmia, after reversible causes (eg, acute ischemia) have been excluded.

Note: No prior authorization is required for ICD placement.

#### **References**

1. Oklahoma Health Care Authority Policies and Rules; OAC 317:30-3-1
2. CMS NCD 20.4 Implantable Cardiac Defibrillators (ICDs)
3. CGS Administrators, LLC; LCD L33690; Automatic External Defibrillators, effective 1/1/2019
4. MODA Health Medical Necessity Criteria, Cardiac Defibrillators External, effective 1/1/2019
5. Cigna, Medical Coverage Policy; Wearable Cardioverter Defibrillator and Automatic External Defibrillator, coverage policy # 0431, effective 3/15/2019
6. Premera Blue Cross, Medical Policy 2.02.506; Wearable Cardioverter Defibrillators as a Bridge to Implantable Cardioverter-Defibrillator Placement