



# Cardio Policy:

## Non-Invasive Programmed Stimulation of AICD

<b>POLICY NUMBER</b> UM CARDIO_1143	<b>SUBJECT</b> Non-Invasive Programmed Stimulation of AICD	<b>DEPT/PROGRAM</b> UM Dept	<b>PAGE 1 OF 2</b>
<b>DATES COMMITTEE REVIEWED</b> 08/03/11, 12/12/12, 08/22/13, 06/30/14, 08/12/15, 11/28/16, 12/21/16, 11/03/17, 03/13/19, 12/11/19, 05/13/20, 05/28/21, 08/11/21, 11/10/21, 11/09/22	<b>APPROVAL DATE</b> November 9, 2022	<b>EFFECTIVE DATE</b> November 28, 2022	<b>COMMITTEE APPROVAL DATES</b> 08/03/11, 12/12/12, 08/22/13, 06/30/14, 08/12/15, 11/28/16, 12/21/16, 11/03/17, 03/13/19, 12/11/19, 05/13/20, 05/28/21, 08/11/21, 11/10/21, 11/09/22
<b>PRIMARY BUSINESS OWNER:</b> UM		<b>COMMITTEE/BOARD APPROVAL</b> Utilization Management Committee	
<b>URAC STANDARDS</b> HUM v8: UM 1-2; UM 2-1	<b>NCQA STANDARDS</b> UM 2	<b>ADDITIONAL AREAS OF IMPACT</b>	
<b>CMS REQUIREMENTS</b>	<b>STATE/FEDERAL REQUIREMENTS</b>	<b>APPLICABLE LINES OF BUSINESS</b> Commercial, Exchange, Medicaid	

### I. PURPOSE

Indications for determining medical necessity for Non-Invasive Programmed Stimulation (NIPS) of AICD.

### II. DEFINITIONS

NIPS is a cardiac test performed to analyze the electrical activity of the heart in a patient that has an implanted AICD. The AICD is used to create the programmed stimulation.

An appropriate diagnostic or therapeutic procedure is one in which the expected clinical benefit exceeds the risks or negative consequences of the procedure by a sufficiently wide margin such that the procedure is generally considered acceptable or reasonable care. The ultimate objective of AUC is to improve patient care and health outcomes in a cost-effective manner but is not intended to ignore ambiguity and nuance intrinsic to clinical decision making.

Appropriate Care- Median Score 7-9

May be Appropriate Care- Median Score 4-6

Rarely Appropriate Care- Median Score 1-3

### III. POLICY

#### Indications for approving a request for medical necessity are:

- A. Patients with history of VT or presence of structural heart disease with inducible VT who are unstable to undergo final programmed stimulation. **(AUC Score 7)**<sup>1,2,3,4</sup>

#### Limitations

- A. Requests for services that are part of a surveillance protocol for patients who are involved in a clinical trial are considered out of scope (OOS) for New Century Health and cannot be reviewed.

### IV. PROCEDURE

- A. In order to review a request for medical necessity, the following items must be submitted for review:
  - 1. Cardiologist or EP Progress Note that prompted request
  - 2. Other previous monitoring tests pertinent to referral (Holter, Event Monitoring, Device Analysis, etc.)
- B. Primary codes appropriate for this service: 93642, 93644-testing for Sub Q device

### V. APPROVAL AUTHORITY

- A. Review – Utilization Management Department
- B. Final Approval – Utilization Management Committee

### VI. ATTACHMENTS

- A. None

### VII. REFERENCES

1. Al-Khatib SM, et al. 2017 AHA/ACC/HRS guideline for management of patients with ventricular arrhythmias and the prevention of sudden cardiac death: Executive summary: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society. Heart Rhythm. Oct 2018, Volume 15, Issue 10, Pages e190-e252.
2. Douglas P. Zipes MD, et al. ACC/AHA/ESC 2006 Guidelines for Management of Patients with Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death—Executive Summary: A Report of the American College of Cardiology/American Heart Association Task Force and the European Society of Cardiology Committee for Practice Guidelines (Writing Committee to Develop Guidelines for Management of Patients with Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death). Journal of the American College of Cardiology. Sept 2006. Volume 48, Issue 5, Page 1064-1108.
3. Frankel DS, et al. Noninvasive programmed ventricular stimulation early after ventricular tachycardia ablation to predict risk of late recurrence. Journal of the American College of Cardiology. April 2012. Volume 59, Issue 17, Pages 1529-35.
4. Robert C. Hendel MD, FACC, FAHA, et al. Appropriate use of cardiovascular technology: 2013 ACCF appropriate use criteria methodology update: a report of the American College of Cardiology Foundation appropriate use criteria task force. Journal of the American College of Cardiology. March 2013, Volume 61, Issue 12, Pages 1305-1317.
5. NCQA UM 2022 Standards and Elements.