

## Marketplace National Regional Benefit Interpretation Document

Benefit Name	CARDIAC PACEMAKERS AND DEFIBRILLATORS
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, Nevada, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Details	<p>This policy addresses cardiac pacemakers, cardiac pacemaker monitoring, implantable automatic defibrillators, and automatic external defibrillators.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>A. FEDERAL/STATE MANDATED REGULATIONS</b> </div> <p><b>Note: The most current federal/state mandated regulations for each state can be found in the links below.</b></p> <p>None</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>B. STATE MARKET PLAN ENHANCEMENTS</b> </div> <p>None</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>C. COVERED BENEFITS</b> </div> <p><b>IMPORTANT NOTE:</b> Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.</p> <p>Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.</p> <p><b>CARDIAC PACEMAKERS</b></p> <p><b>ALL STATES:</b></p> <ul style="list-style-type: none"> <li>Cardiac Pacemakers (single-chamber or dual chamber) when medical criteria are met.</li> <li>For Medical necessity clinical coverage criteria:</li> </ul>

- Implantable Cardioverter Defibrillator (ICD) insertion
- Pacemaker Insertion
- Pacemaker Insertion, Biventricular
- Pacemaker Insertion, Biventricular + Implantable Cardioverter Defibrillator (ICD) Insertion
- Cardiac Pacemaker monitoring
  - Self-contained Pacemaker monitor may be covered when prescribed by the treating physician with a Cardiac Pacemaker
    - Digital electronic Pacemaker monitor provides the member with an instantaneous digital readout of his Pacemaker pulse rate. Use of this device does not involve professional services until there has been a change of five pulses (or more) per minute above or below the initial rate of the Pacemaker, when such change occurs, the member contacts his physician.
    - Audible/Visible signal Pacemaker monitor produces an audible and visible signal which indicates the Pacemaker rate. Use of this device does not involve professional services until a change occurs in these signals, at such time, the member contacts his physician.

**Note:** The design of the self-contained Pacemaker monitor makes it possible for the member to monitor his Pacemaker periodically and minimizes the need for regular visits to the outpatient department of the provider.
  - Trans-telephonic Cardiac Pacemaker monitoring
    - Limited to lithium battery Pacemakers
    - Trans-telephonic Cardiac monitoring may be done by:
      - Member's physician
      - Outside entity-requires an annually renewed physician's prescription and may include:
        - Commercial monitoring service
        - Hospital outpatient department
        - Pacemaker clinic
    - Frequency of monitoring
      - Responsibility of member's physician to determine frequency
      - Frequency may vary over time and require modifications
    - Trans-telephonic cardiac monitoring must consist of the following:
      - Minimum 30 second readable strip of the pacemaker in the free running mode

- Unless contraindicated, a minimum 30 second readable strip of the pacemaker in the magnetic mode
- Minimum 30 seconds of readable ECG/EKG strip

- Implantable Automatic Defibrillators
- Automatic External Defibrillators

### MORE INFORMATION

Medicare National Coverage Determination: Refer to the NCD for trans telephonic Monitoring of Cardiac Pacemakers (20.8.1.)

#### D. NOT COVERED

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

### CARDIAC PACEMAKERS

#### ALL STATES:

Cardiac pacemakers, cardiac pacemaker monitoring, or automatic defibrillators when medical criteria are not met.

#### E. DEFINITIONS

[See Glossary](#)

#### F. POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
7/1/2023	<ul style="list-style-type: none"> <li>• Added NV 2024 EOC Language</li> </ul>

#### Codification

[Marketplace Benefit Interpretation Policies Codification](#)

#### Prior Authorization (Internal Use Only)

For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:

- a. Covered and No PA Required
- b. Not Covered

You cannot use the MHI PA Matrix to make coverage determinations.

[PA Lookup Tool](#)

Approval	Departments	Product	CIM	Clinical Management
	Date	10/21/2021	3/3/2022	11/30/2021
	Revised (for 1/1/2023)	10/27/2022	3/17/2023	10/27/2022
	Revised (for 1/1/2024)	10/19/2023	4/1/2024	12/8/2023
	Revised (for 1/1/2025)	11/5/2024	-	10/24/2024