

JE IMPLANTABLE CARDIAC DEFIBRILLATORS (ICDS) CHECKLIST

This checklist is intended to provide healthcare providers with a reference for use when responding to documentation requests for this service. It is not intended to replace the published guidelines or policy.

Policy Reference

- [Implantable Automatic Defibrillators NCD 20.4 Policy](#)
- Supported coding included in NCD Claims Processing Instructions

Documentation Reference

- [Part B Documentation of Medical Necessity](#)

The treating clinician must complete the following items

Medical records from treating clinician supporting documentation as noted below

Formal shared decision-making encounter between patient and a physician or qualified non-physician practitioner for items 2-5 below

Medical Documentation

Coverage is possible when the documentation includes at least one of the following:

1. Patient's personal history or sustained Ventricular Tachyarrhythmia (VT) or cardiac arrest to Ventricular Fibrillation (VF)
2. Patients with a prior Myocardial Infarction (MI) and a measured Left Ventricular Ejection Fraction (LVEF) ≤ 0.30
3. Patients who have severe ischemic dilated cardiomyopathy but no personal history of sustained VT or cardiac arrest due to VF, New York Heart Association (NYHA) Class II or III heart failure, LVEF ≤ 35 percent
4. Patients who have severe non-ischemic dilate cardiomyopathy but no personal history of cardiac arrest or sustained VT, NYHA Class II or III heart failure, LVEF ≤ 35 percent, and been on optimal medical therapy for at least three (3) months
5. Patients with documented familial, or genetic disorders with a high risk of life-threatening tachyarrhythmias (sustained VT or VF), to include, but not limited to, long QT syndrome or hypertrophic cardiomyopathy
6. Patients with an existing ICD may receive an ICD replacement if it is required due to the end of battery life, Elective Replacement Indicator (ERI), or device/lead malfunction