

## IMPLANTABLE CARDIOVERTER DEFIBRILLATOR MEDICARE COVERAGE WORKSHEET

Complete this form to determine Medicare coverage for patients with traditional Medicare fee for service as primary or secondary insurance coverage. This form **applies to initial implants and replacements** for end of battery life, ERI, and device/lead malfunctions. This form **does not apply** to CRT-D, Category B IDE clinical trials, or heart transplant candidates on the UNOS list.

### PATIENT INFORMATION

Last Name:	First Name:	DOB:
Reason/Diagnosis:		
Date procedure to be performed:	Physician Name:	

### DETERMINE MEDICARE COVERAGE PER NATIONAL COVERAGE DETERMINATION (NCD)

1	Is patient clinically unstable (e.g., in shock, from any etiology)?	<input type="checkbox"/> No - Go to Q2 <input type="checkbox"/> Yes - <b>STOP</b> - Patient <b>does not</b> meet Medicare coverage, Go to Q21
2	Significant, irreversible brain damage	<input type="checkbox"/> No - Go to Q3 <input type="checkbox"/> Yes - <b>STOP</b> - Patient <b>does not</b> meet Medicare coverage, Go to Q21
3	Any disease, other than cardiac disease, associated with likely survival < 1 year	<input type="checkbox"/> No - Go to Q4 <input type="checkbox"/> Yes - <b>STOP</b> - Patient <b>does not</b> meet Medicare coverage, Go to Q21
4	Supraventricular tachycardia such as atrial fibrillation with poorly controlled ventricular rate	<input type="checkbox"/> No - Go to Q5 <input type="checkbox"/> Yes - <b>STOP</b> - Patient <b>does not</b> meet Medicare coverage, Go to Q21
5	Is this a replacement due to end of battery life, ERI, or device/lead malfunction?	<input type="checkbox"/> No - Go to Q6 <input type="checkbox"/> Yes - <b>STOP</b> - Patient meets Medicare coverage, Go to Q21
6	Documented episode of cardiac arrest due to VF, not due to a transient or reversible cause	<input type="checkbox"/> No - Go to Q7 <input type="checkbox"/> Yes - <b>STOP</b> - Patient meets Medicare coverage - Go to Q21
7	Documented episode sustained ventricular tachyarrhythmia, either spontaneous or induced by an EPS, not associated with an acute MI, and not due to a transient or reversible cause	<input type="checkbox"/> No - Go to Q8 <input type="checkbox"/> Yes - <b>STOP</b> - Patient meets Medicare coverage - Go to Q21
8	LVEF assessed	<input type="checkbox"/> No - Go to Q11 <input type="checkbox"/> Yes - Go to Q9
9	Most recent LVEF and timeframe: LVEF: _____ %	<input type="checkbox"/> <1 month <input type="checkbox"/> ≥1 to ≤3 months <input type="checkbox"/> >3m to ≤6 months <input type="checkbox"/> >6 months Go to Q10
10	How was LVEF measured:	<input type="checkbox"/> Angiography <input type="checkbox"/> Radionuclide Scan <input type="checkbox"/> Echocardiogram <input type="checkbox"/> MRI    Go to Q11
11	Is there a documented shared decision making encounter* with the patient using an ICD decision tool?	<input type="checkbox"/> No - <b>STOP</b> - Patient <b>does not</b> meet Medicare coverage - Go to Q21 <input type="checkbox"/> Yes - Go to Q12
12	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	<input type="checkbox"/> No - Go to Q13 <input type="checkbox"/> Yes - <b>STOP</b> - Patient meets Medicare coverage - Go to Q21
13	CABG within past 3 months Date: _____	<input type="checkbox"/> No - Go to Q14 <input type="checkbox"/> Yes - Go to Q16
14	PCI with angioplasty and/or stenting within past 3 months Date: _____	<input type="checkbox"/> No - Go to Q15 <input type="checkbox"/> Yes - Go to Q16
15	MI within past 40 days Date: _____	<input type="checkbox"/> No - Go to Q17 <input type="checkbox"/> Yes - Go to Q16
16	<u>Complete HCA Pacemaker Worksheet (and attach)</u> Does patient meet all CMS criteria for cardiac pacemaker?	<input type="checkbox"/> No - <b>STOP</b> - Patient <b>does not</b> meet Medicare coverage - Go to Q21 <input type="checkbox"/> Yes - Go to Q17
17	Clinical symptoms/findings making patient a candidate for coronary revascularization	<input type="checkbox"/> No - Go to Q18 <input type="checkbox"/> Yes - <b>STOP</b> - Patient <b>does not</b> meet Medicare coverage, Go to Q21
18	NIDCM, NYHA Class II or III heart failure, LVEF ≤ 35% <b>and on optimal medical therapy (OMT) for ≥3 months</b> <b>**PROVIDE SUPPORTING DOCUMENTATION OF OMT**</b>	<input type="checkbox"/> No - Go to Q19 <input type="checkbox"/> Yes - <b>STOP</b> - Patient meets Medicare coverage, Go to Q21
19	Severe IDCM, NYHA Class II or III heart failure, LVEF ≤ 35%	<input type="checkbox"/> No - Go to Q20a <input type="checkbox"/> Yes - <b>STOP</b> - Patient meets Medicare coverage, Go to Q21
20a	Documented prior MI with LVEF ≤ 30%	<input type="checkbox"/> No - <b>STOP</b> - Patient <b>does not</b> meet Medicare coverage, Go to Q21 <input type="checkbox"/> Yes - Go to Q20b
20b	NYHA Class IV heart failure?	<input type="checkbox"/> No - <b>STOP</b> - Patient meets Medicare coverage, Go to Q21 <input type="checkbox"/> Yes - <b>STOP</b> - Patient <b>does not</b> meet Medicare coverage, Go to Q21

### FINAL STEPS – COMPLETE FOR ALL PATIENTS

21. In order to support Medicare documentation requirements for ICD implants, either new or replacements, the actual report of the necessary clinical data that follow must be in the patient's medical record at the facility of implantation. The necessary clinical data include: 1) pertinent EKG and EP recordings 2) LVEF (by angiography, radionuclide imaging, echocardiography or MRI) 3) pertinent progress notes 4) cardiac resuscitation records if present 5) discharge summary 6) any additional information the implanter feels is significant in support of the procedure 7) documentation of a "SHARED DECISION MAKING ENCOUNTER".
22. Please send this completed, signed and dated form to the facility Clinical Reviewer if the physician wants to proceed with the ICD procedure.

Physician Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

### FOR HOSPITAL USE ONLY

Meets Medicare Coverage per NCD     Does not meet Medicare Coverage per NCD – refer to Administration

Clinical Reviewer: \_\_\_\_\_ Date/Time: \_\_\_\_\_

\*A shared decision making encounter occurs between a physician or non-physician practitioner using an evidence-based tool on ICDs.

