Medical Affairs Policy

Service: Wearable Cardiac Defibrillator (WCD, Wearable Cardioverter Defibrillator, Life Vest), Implantable Cardiac Defibrillator (ICD)
PUM 250-0022

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<tr>
<th>Medical Policy Committee Approval</th>
<th>09/09/16</th>
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<tr>
<td>Effective Date</td>
<td>01/01/17</td>
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<tr>
<td>Prior Authorization Needed</td>
<td>Yes</td>
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Disclaimer: This policy is for informational purposes only and does not constitute medical advice, plan authorization, an explanation of benefits, or a guarantee of payment. Benefit plans vary in coverage and some plans may not provide coverage for all services listed in this policy. Coverage decisions are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations, and to applicable state and federal law. Some benefit plans administered by the organization may not utilize Medical Affairs medical policy in all their coverage determinations. Contact customer services as listed on the member card for specific plan, benefit, and network status information.

Medical policies are based on constantly changing medical science and are reviewed annually and subject to change. The organization uses tools developed by third parties, such as the evidence-based clinical guidelines developed by MCG to assist in administering health benefits. This medical policy and MCG guidelines are intended to be used in conjunction with the independent professional medical judgment of a qualified health care provider. To obtain additional information about MCG, email medical.policies@wpsic.com.

Description:

Wearable cardiac defibrillators (WCD) are vest-like devices that have monitoring electrodes imbedded within the garment to monitor heart activity, as well as defibrillator electrodes attached to a defibrillator unit worn on the belt. It is capable of automatic detection and defibrillation of life threatening arrhythmias. Studies done on implantable cardiac defibrillators (ICD) show that defibrillation can save people from dying from arrhythmias. WCDs are used in situations in which implantation of an ICD must be deferred (e.g. while optimizing medical management) or is not feasible, or when an ICD must be removed (e.g. infection). A decision regarding implantation of an ICD is typically made within 1-3 months following the initiation of the WCD, with the exception of patients with severe heart failure awaiting heart transplantation. This policy describes the appropriate use of a WCD and the rental guidelines.

Indications of Coverage:

A. **Wearable Cardioverter Defibrillator in adults** (age 18 and older) is medically necessary in **any** of the following situations:

1. When the criteria for an ICD are met (see MCG Health 20th ed. ORG:M-157) and the member cannot receive an ICD due to **one** of the following:

   a. Awaiting a heart transplant;

   b. Awaiting an ICD re-implantation following infection-related removal
c. Systemic infectious process or other temporary medical condition precludes implantation

d. Member refuses implantation of ICD

2. Ischemic Cardiomyopathy when one of the following is met:

a. EF is ≤ 35% after 48 hours following an ischemic event (i.e. post event window of 2 days after event to either 6 weeks post MI or 12 weeks post CABG) while awaiting effects of maximal treatment of heart failure;

b. Spontaneous or induced VT in post-event window while awaiting effects of maximal anti-arrhythmia treatment.

3. Non-ischemic Cardiomyopathy when one or more of the following are present:

a. EF ≤35%; or

b. Sustained or non-sustained VT, while awaiting effects of maximal medical treatment of heart failure and anti-arrhythmia treatments (trial window of 6 – 12 weeks).

For all indications:

- If criteria are met, initial rental may be approved for three months (12 weeks).

- Requests for rental beyond the initial three months require documentation of continued need and may require physician review. The manufacturer should be contacted to verify pricing if rental extends beyond 10 months.

B. Pediatric (prior to age 18) WCD use is limited by the size requirements of the vest: minimum of 41 lbs. and chest measurement of 26 inches. Pediatric WCD requires medical director review.

**Limitations of Coverage:**

A. Review contract and endorsements for exclusions and prior authorization or benefit requirements.

B. If used for a condition/diagnosis other than is listed in the Indications of Coverage, deny as experimental, investigational, and unproven to affect health outcomes.

C. If used for a condition/diagnosis that is listed in the Indications of Coverage, but the criteria are not met, deny as not medically necessary.
**Documentation Required:**

- Clinical notes (indicating medical and surgical history, ejection fraction, and documented arrhythmia)

**References:**


10. MCG 20th Edition M-157 Electrophysiologic Study and Implantable Cardioverter-Defibrillator (ICD) Insertion, Transvenous


**Review History:**

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<td>Arise/WPS Policy Committee Approval</td>
<td>09/12/14, 09/11/15, 09/16/16</td>
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➢ Note: For review/revision history prior to 2014 see previous Medical Policy or Coverage Policy Bulletin

Approved by the Medical Director