

Policy #: 042

Original policy date: 1/9/09
Revised date: 10/21/09

Page: 1 of 3

Title

Wearable Cardioverter Defibrillators

When services are covered

Note: This policy addresses the wearable cardioverter defibrillator, an external vest-like garment device that is intended to perform the same tasks as an implantable cardioverter defibrillator (ICD), without requiring any invasive procedures.

We cover wearable cardioverter defibrillators (WCDs) for patients at high-risk of sudden cardiac arrest, who meet the following criteria:¹

1. Patient must meet the medical necessity criteria for an implantable cardioverter defibrillator (ICD);
AND
2. Patient must have a documented temporary medical contraindication to ICD placement. Examples of temporary medical contraindications include:
 - Patient awaiting a heart transplantation - on waiting list and patient meets medical necessity criteria for heart transplantation;*
 - Patient with a previously implanted ICD that requires explantation due to infection with waiting period before ICD reinsertion;
 - Patient with an infectious process or other temporary condition that precludes initial implantation of an ICD.

*For information on *Heart Transplantation* refer to medical policy #[197](#).

When services are not covered

We do not cover wearable cardioverter defibrillators (WCDs), because they are considered investigational/not medically as they do not meet our Medical Technology Assessment Guidelines, #[350](#) for all other indications, including but not limited to, the following.¹

- Patient with a history of an acute myocardial infarction (MI) within 30 days;
- Patient with drug-refractory class IV congestive heart failure (CHF) who is not candidate for heart transplantation;
- Patient with a history of psychiatric disorders that interfere with the necessary care and follow-up;
- Patient in whom a reversible triggering factor for VT/VF can be definitely identified, such as ventricular tachyarrhythmias in evolving acute myocardial infarction or electrolyte abnormalities;
- Patient with terminal illness.

Individual consideration

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual's unique clinical circumstances may be considered in light of current scientific literature. For consideration of an individual patient, physicians may send relevant clinical information to:

For services already billed

Blue Cross Blue Shield of Massachusetts
 Provider Appeals
 PO Box 986065
 Boston, MA 02298

Prior to performance of service

Blue Cross Blue Shield of Massachusetts
 Case Creation/Medical Policy
 One Enterprise Drive
 Quincy, MA 02171
 Tel: 1-800-327-6716
 Fax: 1-888-641-5330

Managed care guidelines

- **For Medicare HMO Blue members:** The device must meet the criteria for coverage noted in this policy, be medically necessary, prescribed by a plan physician and provided by a network provider.
- **For Medicare HMO Blue members:** Referrals are required for all visits to a specialist.
- For all other Managed Care plans, any specialist visit requires a referral, except for visits performed by OB/GYN specialists.
- Authorization is required.

Indemnity guidelines

All authorization requirements are determined by the individual's subscriber certificate, however:

- Referrals to a specialist are not required.
- Authorization is required.

Coding information

Procedure codes are from current CPT, HCPCS Level II, Revenue Code, and/or ICD-9-CM manuals, as recommended by the American Medical Association, Centers for Medicare and Medicaid Services and American Hospital Associations. Blue Cross Blue Shield Association national codes may be developed when appropriate.

The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

In July 2003, HCPCS codes became effective that are specific to this device:

- K0606: Automatic external defibrillator, with integrated electrocardiogram analysis, garment type
- K0607: Replacement battery for automated external defibrillator, each
- K0608: Replacement garment for use with automated external defibrillator, each
- K0609: Replacement electrodes for use with automated external defibrillator, each

The following CPT code describes the professional services involved in the use of this device:

- 93741: Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); single chamber or wearable cardioverter-defibrillator system, without reprogramming
- 93742: single chamber or wearable cardioverter-defibrillator, with reprogramming
- 93292 - Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; wearable defibrillator system (new code 1/1/09)
- 93745: Initial set-up and programming by a physician of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic electrocardiogram, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events

Policy update history

Policy issued 3/1/08, coverage 3/1/08. Reviewed 4/08 MPG-Cardiology, no changes in coverage were made. 2/09 Updated to add new CPT code and update format. Reviewed 4/09 MPG – Cardiology, no changes in coverage were made. 8/09, Updated prior authorization language.

Footnotes:

¹ Based upon the 2007 Blue Cross Blue Shield Association National policy. 2.02.15, Wearable Cardioverter-Defibrillators as a Bridge to Implantable Cardioverter-Defibrillator Placement.

References:

References for footnote 1:

1. Gregoratos G, Cheitlin MD, Conill A et al. ACC/AHA guidelines for implantation of cardiac pacemakers and arrhythmia devices: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee on Pacemaker Implantation). J Am Coll Cardiol 1998; 31(5):1175-209.
2. Auricchio A, Klein H, Geller CJ et al. Clinical efficacy of the wearable cardioverter-defibrillator in acutely terminating episodes of ventricular fibrillation. Am J Cardiol 1998; 81(10):1253-6.
3. FDA document. Summary of Safety and Effectiveness Data, P010030, Lifecor, Inc, WCD ® 2000 System. FDA Web site, <http://www.fda.gov/cdrh/pdf/P010030.html> , accessed 12/13/02.
4. Feldman AM, Klein H, Tchou P et al. Use of a wearable defibrillator in terminating tachyarrhythmias in patients at high risk for sudden death: results of the WEARIT/BIROAD. Pacing Clin Electrophysiol 2004; 27(1):4-9.
5. AVID Investigators. A comparison of antiarrhythmic-drug therapy with implantable defibrillators in patients resuscitated from near-fatal ventricular arrhythmias. The Antiarrhythmics versus Implantable Defibrillators (AVID) Investigators. N Engl J Med 1997; 337(22):1576-83.
6. Beauregard LA. Personal security: clinical applications of the wearable defibrillator. Pacing Clin Electrophysiol 2004; 27(1):1-3.
7. Hohnloser SH, Kuck KH, Dorian P et al. Prophylactic use of implantable cardioverter-defibrillator after acute myocardial infarction. N Engl J Med 2004; 351(24):2481-8.
8. Bigger JT. Prophylactic use of implanted cardiac defibrillators in patients at high risk for ventricular arrhythmias after coronary-artery bypass surgery. The CABG-PATCH Trial Investigators. N Engl J Med 1997; 337(22):1569-75.

This document is designed for informational purposes only and is not an authorization, or an explanation of benefits, or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the coverage. Medical technology is constantly changing, and we reserve the right to review and update our policies periodically.

©2009 Blue Cross and Blue Shield of Massachusetts, Inc. All rights reserved. Blue Cross and Blue Shield of Massachusetts, Inc. is an Independent Licensee of the Blue Cross and Blue Shield Association.