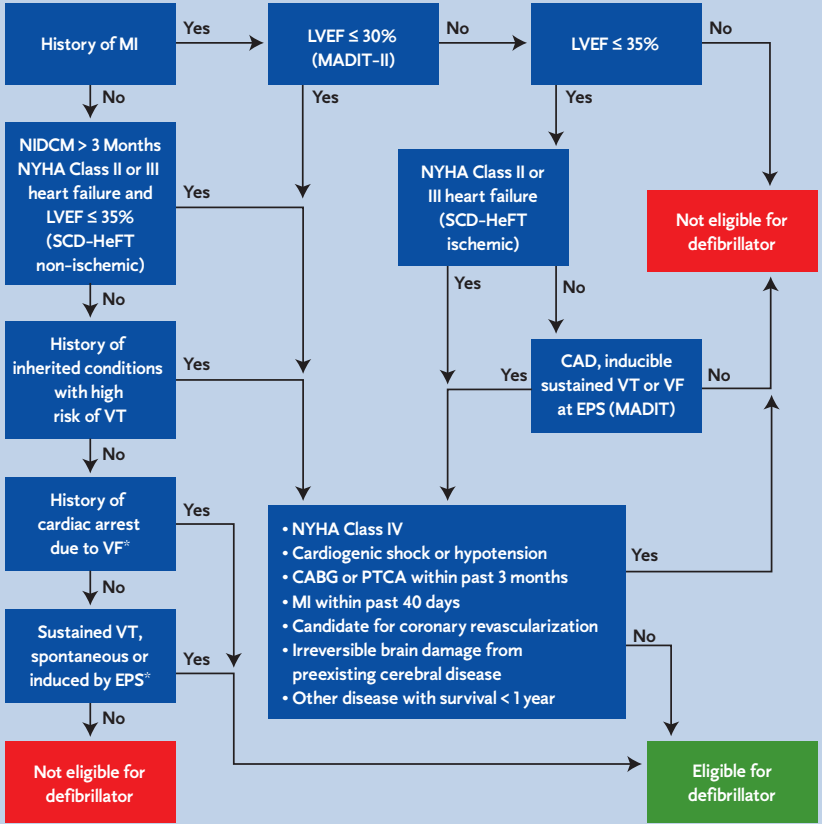


CMS ICD Coverage Reference Guide



CMS Coverage for ICDs – Effective January 27, 2005

Coverage for SCD-HeFT-type patients:

- Patients with ischemic dilated cardiomyopathy (IDCM), documented prior MI, NYHA Class II or III heart failure, and measured LVEF \leq 35%
- Patients with non-ischemic dilated cardiomyopathy (NIDCM) > 3 months, NYHA Class II or III heart failure, and measured LVEF \leq 35%

Coverage for COMPANION NYHA Class IV type patients:

- Patients who meet all current CMS coverage requirements for cardiac resynchronization therapy** and have NYHA Class IV heart failure

Coverage for MADIT-II type patients:

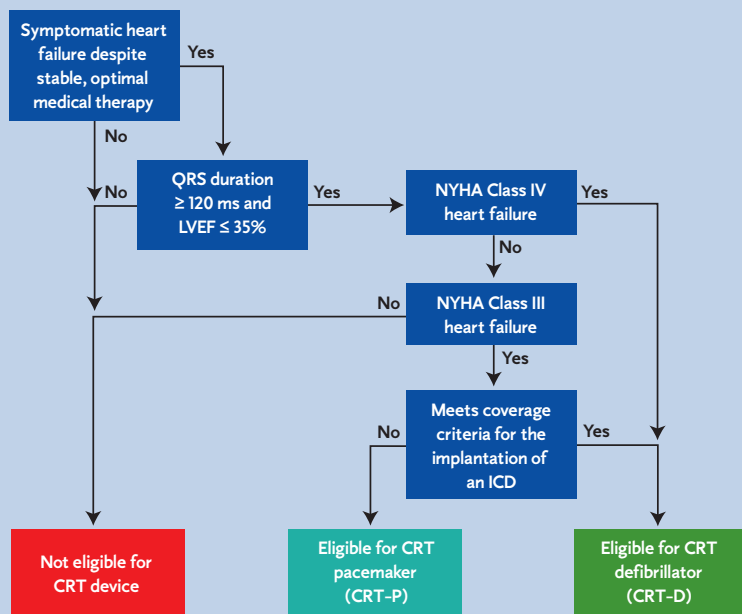
- Patients with a documented prior MI and measured LVEF \leq 30%, regardless of QRS width duration

Many private payors will cover SCD-HeFT-type patients through prior authorization.



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CMS CRT/CRT-D Coverage Reference Guide



Reference CMS Local Coverage Decision and Bulletins for any specific coverage requirements specific to your region or state. Some local policies require a QRS duration ≥ 130 ms.

* Not due to transient or reversible causes.

** CRT Indications: NYHA Class III or IV heart failure, symptomatic despite stable, optimal medical therapy, LVEF $\leq 35\%$ and QRS duration ≥ 120 ms.

Note: All patients receiving an ICD for the primary prevention of SCD must be enrolled in either an FDA category B IDE clinical trial, a trial under the CMS Clinical Trial Policy or a qualifying data collection system including approved clinical trials and registries or the ACC-NCDR[®] ICD Registry[™].

This information does not replace seeking coverage and coding advice from the payor and/or your own coding staff. The ultimate responsibility for correct coding lies with the provider of services. Please contact your local payor for interpretation of the appropriate codes to use for specific procedures.

To view the complete CMS coverage decision visit: www.scdheft.com/reimbursement.

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