

# Understanding Medicare coverage for ICDs

## Overview

The following information represents the Medicare covered indications for the use of Implantable Cardioverter Defibrillators (ICDs) based on the National Coverage Determination (NCD) for ICDs (20.4) effective February 15, 2018<sup>1</sup>. For each indication, all specified criteria must be met.

### ICD as **primary** prevention

Formal shared decision-making required using an evidence-based decision tool on ICDs

- Has documented familial or genetic disorders with a high risk of sustained VT or VF (e.g., long QT syndrome; hypertrophic cardiomyopathy)

- Has prior MI
- Has LVEF  $\leq$  30
- Does not have NYHA Class IV
- Has not had CABG/PCI in last 3 months\*
- Has not had MI in last 40 days\*
- Is not a candidate for coronary revascularization

- Has severe NIDCM but no personal history of cardiac arrest or sustained VT
- Has NYHA Class II or III
- Has LVEF  $\leq$  35%
- Has been on OMT  $\geq$  3 months
- Has not had CABG/PCI in last 3 months\*
- Has not had MI in last 40 days\*
- Is not a candidate for coronary revascularization

- Has severe IDCM but no personal history of sustained VT or cardiac arrest due to VF
- Has NYHA Class II or III
- Has LVEF  $\leq$  35%
- Has not had CABG/PCI in last 3 months\*
- Has not had MI in last 40 days\*
- Is not a candidate for coronary revascularization

\* Unless the patient meets a CMS-covered indication for pacing<sup>2</sup> or has an existing ICD that requires replacement

### ICD as **secondary** prevention

Has had prior sustained VT or cardiac arrest due to VF, not due to transient or reversible cause

### ICD **replacement**

Due to the end of battery life, elective replacement indicator (ERI), or device/lead malfunction

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## Required criteria for all ICD patients

In addition to the above, patients must meet the following criteria:

- Clinically stable
- LVEF measured by echocardiography, radionuclide (nuclear medicine) imaging, cardiac magnetic resonance imaging (MRI), or catheter angiography
- Patient must not have:
  - Significant, irreversible brain damage
  - Any other disease associated with survival < 1 year
  - SVT such as from atrial fibrillation with a poorly controlled ventricular rate

### Acronyms:

CABG - Coronary artery bypass graft  
CMS - Centers for Medicare & Medicaid services  
IDCM - Ischemic dilated cardiomyopathy  
LVEF - Left ventricular ejection fraction  
MI - Myocardial infarction  
NCDR - National Cardiovascular Data Registry  
NIDCM - Non-ischemic dilated cardiomyopathy  
NYHA - New York Heart Association  
OMT - Optimal medical therapy  
PCI - Percutaneous coronary intervention  
SVT - Supraventricular tachycardia  
VF - Ventricular fibrillation  
VT - Ventricular tachycardia

## Frequently Asked Questions

### Q: Is the coverage for ICDs limited or expanded as compared to the previous NCD?

**A:** The latest coverage determination has not substantially changed which patients would be covered under the previous NCD. CMS has added a couple of new exceptions to the waiting periods post MI/CABG (for patients who have a pacemaker indication and for those needing a device replacement), so patients receiving an ICD under these conditions will now be covered before the waiting period expires.

### Q: Are CRT-D devices covered as part of the ICD National Coverage Determination?

**A:** According to the CMS decision memo<sup>2</sup> finalizing changes to this NCD, "The scope of this review is limited to ICDs. While we reference cardiac resynchronization therapy defibrillator (CRT-D) devices in this document since these devices have defibrillator functions, CRT devices are outside the scope of this decision. CRT devices are currently covered at local contractor discretion and not currently subject to an NCD." Check with your local Medicare Administrative Contractor about specific coverage requirements for CRT-D devices.

**Q: The NCDR ICD registry requirement ended on February 15, 2018. Can I stop data collection for ICD patients?**

**A:** Check with your hospital administrator first. While the new NCD eliminates the requirement for data collection as a condition for coverage, hospital participation in the NCDR ICD Registry continues in a voluntary capacity. If your hospital has elected to continue participating in the registry, you may have continuing reason to collect data.

**Q: How can I meet the shared decision-making requirement?**

**A:** For primary prevention patients, CMS specifies that a formal shared decision-making encounter must occur between the patient and a physician or qualified non-physician practitioner (physician assistant, nurse practitioner, or clinical nurse specialist) using an evidence-based decision tool on ICDs prior to initial ICD implantation. This encounter can happen during a separate visit.

The NCD references a sample shared decision making tool that can be found at <https://patientdecisionaid.org/icd/>. In addition, guidelines published in 2017 by AHA/ACC/HRS provide recommendations for the elements of shared decision-making.<sup>3</sup>

**Q: Do private payers have the same ICD indications for coverage as Medicare?**

**A:** Not necessarily. Consult the specific payer coverage policy to determine requirements for coverage.

**Contact us**

For additional information, contact Reimbursement Customer Support by email at [rs.healthcareconomics@medtronic.com](mailto:rs.healthcareconomics@medtronic.com) or call us at 1-866-877-4102 (8 a.m. to 5 p.m. CT, Monday-Friday).

**References**

<sup>1</sup>CMS National Coverage Determination for ICDs (20.4). Available: <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=110>. Accessed January 31, 2022.

<sup>2</sup>CMS Decision Memo for Implantable Cardioverter Defibrillators (CAG-00157R4). Available: <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=288>. Accessed January 31, 2022.

<sup>3</sup>Al-Khatib SM, Stevenson WG, Ackerman MJ et al. 2017 AHA/ACC/HRS Guideline for Management of Patients With Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death: Executive Summary: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society. Heart Rhythm. 2017 Oct 30. pii: S1547-5271(17)31249-3.

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