

Marketplace National Regional Benefit Interpretation Document

Benefit Name	CARDIAC PACEMAKERS AND DEFIBRILLATORS
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Details	<p>This policy addresses cardiac pacemakers, cardiac pacemaker monitoring, implantable automatic defibrillators, and automatic external defibrillators.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">A. FEDERAL/STATE MANDATED REGULATIONS</div> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p>None</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">B. STATE MARKET PLAN ENHANCEMENTS</div> <p>None</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">C. COVERED BENEFITS</div> <p>IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.</p> <p>Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.</p> <p>CARDIAC PACEMAKERS</p> <p>ALL STATES:</p> <ul style="list-style-type: none"> • Cardiac Pacemakers (single-chamber or dual chamber) when medical criteria are met. • For Medical necessity clinical coverage criteria:

- Implantable Cardioverter Defibrillator (ICD) insertion
- Pacemaker Insertion
- Pacemaker Insertion, Biventricular
- Pacemaker Insertion, Biventricular + Implantable Cardioverter Defibrillator (ICD) Insertion
- Cardiac Pacemaker monitoring
 - Self-contained Pacemaker monitor may be covered when prescribed by the treating physician with a Cardiac Pacemaker
 - Digital electronic Pacemaker monitor provides the member with an instantaneous digital readout of his Pacemaker pulse rate. Use of this device does not involve professional services until there has been a change of five pulses (or more) per minute above or below the initial rate of the Pacemaker, when such change occurs, the member contacts his physician.
 - Audible/Visible signal Pacemaker monitor produces an audible and visible signal which indicates the Pacemaker rate. Use of this device does not involve professional services until a change occurs in these signals, at such time, the member contacts his physician.
Note: The design of the self-contained Pacemaker monitor makes it possible for the member to monitor his Pacemaker periodically and minimizes the need for regular visits to the outpatient department of the provider.
 - Trans-telephonic Cardiac Pacemaker monitoring
 - Limited to lithium battery Pacemakers
 - Trans-telephonic Cardiac monitoring may be done by:
 - Member's physician
 - Outside entity-requires an annually renewed physician's prescription and may include:
 - Commercial monitoring service
 - Hospital outpatient department
 - Pacemaker clinic
 - Frequency of monitoring
 - Responsibility of member's physician to determine frequency
 - Frequency may vary over time and require modifications
 - Trans-telephonic cardiac monitoring must consist of the following:
 - Minimum 30 second readable strip of the pacemaker in the free running mode

- Unless contraindicated, a minimum 30 second readable strip of the pacemaker in the magnetic mode
- Minimum 30 seconds of readable ECG/EKG strip

- Implantable Automatic Defibrillators
- Automatic External Defibrillators

MORE INFORMATION

Medicare National Coverage Determination: Refer to the NCD for trans telephonic Monitoring of Cardiac Pacemakers (20.8.1.)

D. NOT COVERED

Refer to the member’s Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

CARDIAC PACEMAKERS

ALL STATES:

Cardiac pacemakers, cardiac pacemaker monitoring, or automatic defibrillators when criteria are not met.

E. DEFINITIONS

[See Glossary](#)

F. POLICY HISTORY/REVISION INFORMATION

Date	Action/Description

**Procedure
Codes
(Internal Use
Only)**

Coding Disclaimer: Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT[®]), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.

Single and Dual Chamber Cardiac Pacemakers

CPT 33206	INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL
CPT 33207	INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR
CPT 33208	INS NEW/RPLCMT PRM PM W/TRANSV ELTRD ATRIAL and VENT

Pacemaker Monitoring

CPT 93279	PRGRMG DEV EVAL 1 LEAD PM/LDLS PM 1 CAR CHMBR IP
CPT 93280	PROGRAM EVAL IMPLANTABLE IN PERSN DUAL LD PACER
CPT 93281	PROGRAM EVAL IMPLANTABLE IN PRSN MULTI LD PACER
CPT 93288	INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON
CPT 93294	REM INTERROG PM/LDLS PM LT 90 D PHYS/QHP
CPT 93724	ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM

Trans-telephonic Cardiac Pacemaker Monitoring

CPT 93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVAL
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Implantable Automatic Defibrillators

CPT 33206	INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL
CPT 33207	INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR
CPT 33208	INS NEW/RPLCMT PRM PM W/TRANSV ELTRD ATRIAL and VENT
CPT 33227	REMLV PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD
CPT 33228	REMLV PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS
CPT 33229	REMLV PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD

**Automatic External Defibrillators (Non-Wearable) and replacement
supplies/accessories as appropriate**

	E0617	EXTERNAL DEFIB W/INTEGRATED ECG ANALY		
	A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS		
	Automatic External Defibrillators (Wearable) and replacement supplies/accessories as appropriate			
	K0606	AUTO EXT DEFIB W/INTGR ECG ANALY GARMNT TYPE		
	K0607	REPL BATTERY AUTO EXT DEFIB GARMNT TYPE ONLY EA		
K0608	REPLACEMENT GARMNT USE W/AUTO EXTERNAL DEFIB EA			
K0609	REPL ELEC W/AUTO EXT DEFIB GARMNT TYPE ONLY EA			
Prior Authorization (Internal Use Only)	<p>For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:</p> <ul style="list-style-type: none"> a. Covered and No PA Required b. Not Covered <p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p>PA Lookup Tool</p>			
Approval	Departments	Product	CIM	Clinical Management
	Date	10/21/2021		11/30/2021