Prior Authorization Checklist for Implanting Physician(s)

Please consider the suggestions below when pursuing a Prior Authorization for Leadless Pacemaker Procedure. This is directional awareness in creating a case for your patient’s coverage. This list is not all-inclusive, and nothing in this document should be construed as a guarantee by Abbott regarding reimbursement or payment amounts, or that reimbursement or other payment will be received. For independent consideration and review, please make all changes that you believe appropriate, or disregard these suggestions in their entirety. The healthcare provider is ultimately responsible for the accuracy and completeness of all claims submitted to third-party payers. In addition, the provider should note that laws, regulations, and coverage policies are complex and are updated frequently, and, therefore, the customer should check with its local carriers or intermediaries often and should consult with legal counsel or a financial or reimbursement specialist for any questions related to billing, reimbursement, or any related issue. Please see the FDA-approved label for information relevant to any prescribing decisions*.*

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| **CPT‡ CODES** | **DESCRIPTION** | **INCLUDED** |
| 33274 | Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (e.g., fluoroscopy, venous ultrasound, ventriculography, femoral venography), and device evaluation (e.g., interrogation or programming) when performed | □ |
| 33275 | Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (e.g., fluoroscopy, venous ultrasound, ventriculography, femoral venography) when performed | □ |

The following clinical information may be required when submitting a prior authorization request for the aforementioned CPT‡ codes. It is the sole responsibility of the prescribing healthcare provider to diagnose and treat the patient. Nothing in this document is intended to interfere with the independent clinical judgment of the prescribing healthcare provider. This information is subject to change. Please check your patient’s benefit administrator’s prior authorization requirements before submitting a prior authorization request.

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| **SUGGESTED INFORMATION TO INCLUDE WITH PRIOR AUTHORIZATION** | **INCLUDED** |
| ICD Diagnosis and indication for procedure | □ |
| Absolute contraindication to conventional transvenous pacemaker | □ |
| Relative contraindication to conventional transvenous pacemaker | □ |
| Clinical reasoning as to why leadless pacemaker procedure is appropriate for patient | □ |
| Are you requesting an urgent review? Definition of **urgent**: When the physician believes that waiting for a decision under the standard time frame could place the patient’s life, health or ability to regain maximum function in serious jeopardy. Examples of urgent situations include complete heart block, profound bradycardia with syncope/near syncope, existing pacemaker system malfunction with profound bradycardia/pacemaker dependence, etc. | □ |

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Rx Only

Brief Summary: Brief Summary: Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events and directions for use.

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