Medicare National Coverage Decision

Implantable Cardioverter Defibrillator (ICDs) Policy Update Frequently Asked Questions (FAQs)

This policy update provides reimbursement information for the Implantable Cardioverter Defibrillator (ICDs) procedures. Abbott offers a reimbursement hotline, which provides live coding and billing information from dedicated reimbursement specialists. Hotline support is available from 8 a.m. to 5 p.m. Central Time Monday through Friday at 855-569-6430 or PTAhotline@sjm.com.

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POLICY UPDATE[1]

Effective for dates of service beginning February 15th, 2018, the Centers for Medicare and Medicaid Services (CMS) finalized updates to their national coverage decision (NCD) for ICDs. Please see below for FAQs on the policy.

FREQUENTLY ASKED QUESTIONS

1. What changes are being made to the 2005 coverage policy for ICDs?

According to the published decision memo[1], CMS summarizes the changes as:

Patient Criteria

- Add cardiac magnetic resonance imaging (MRI) to the list of diagnostic imaging studies that can evaluate left ventricular ejection fraction (LVEF).
- Require patients who have severe non-ischemic dilated cardiomyopathy but no personal history of sustained ventricular tachyarrhythmia or cardiac arrest due to ventricular fibrillation to have been on optimal medical therapy (OMT) for at least 3 months.
- Require a patient shared decision making (SDM) interaction prior to ICD implantation for certain patients.

Additional Patient Criteria

- Remove the Class IV heart failure requirement for cardiac resynchronization therapy (CRT).

Exceptions to Waiting Periods

- Add an exception for patients meeting CMS coverage requirements for cardiac pacemakers, and who meet the criteria for an ICD.
- Add an exception for patients with an existing ICD and qualifying replacement.

Registry Requirement

- End the data collection requirement.

2. When is the policy effective?

These updates to the ICD National Coverage Policy became effective on the posting date, February 15, 2018.

3. Are all patients required to have a SDM interaction prior to ICD implantation?

No. Only certain patients that are defined in the CMS decision memo are required to have the SDM interaction for coverage.

4. Is there a specific SDM tool that CMS requires providers to use?

No, CMS does not require a specific tool for SDM interactions. CMS does provide an example of a tool and a website with additional information in the decision memo.

5. Does this policy apply to other payers as well as CMS?

This policy change only applies to the Centers for Medicare and Medicaid Services coverage policy. Other payers may or may not adopt this policy. Abbott recommends you consult with your payers to understand their ICD coverage policies. Also, please note that local Medicare Administrative Contractors (MACs) may have additional coverage criteria as published in Local Coverage Determinations or articles.

6. What are the billing instructions now that the registry requirement has ended?

CMS has not yet issued official billing guidance for the updates to the ICD coverage policy. Typically, CMS does this within 90 days of publishing the National Coverage Decision.

7. **I have additional questions on this policy, is there someone I can contact?**

   Yes. Abbott is committed to supporting appropriate patient access to ICD therapy and educating providers on the latest, coverage, coding, and payment policy. Abbott offers a reimbursement hotline, which provides live coding and billing information from dedicated reimbursement specialists. Hotline support is available from 8 a.m. to 5 p.m. Central Time Monday through Friday at 855-569-6430 or PTAhotline@sjm.com

   Please see the ICD Decision Memo[1] link below in the reference section of this document.

References:
1. Decision Memo for Implantable Cardioverter Defibrillators (CAG-00157R4)
https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=288

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