MSA MEDICAL SERVICES ADMINISTRATION

Bulletin

Michigan Department of Community Health

Bulletin Number: MSA 13-10

Distribution: Medical Suppliers, Practitioners, Medicaid Health Plans

Issued: April 1, 2013

Subject: Coverage of Wearable Cardioverter-Defibrillators

Effective: May 1, 2013

Programs Affected: Medicaid, Children's Special Health Care Services (CSHCS)

Definition

A wearable cardioverter-defibrillator (WCD) is an external device intended to perform the same tasks as an implantable cardioverter-defibrillator (ICD) without requiring an invasive procedure. It is considered a bridge to permanent ICD placement.

The WCD consists of a vest, worn continuously underneath clothing, containing cardiac monitoring electrodes and therapy electrodes that deliver a counter shock. The vest is connected to a monitor with a battery pack and alarm module that interprets the cardiac rhythm and determines when a counter shock is necessary. An alarm module alerts the patient to certain conditions by lights or voice messages.

Standards of Coverage

The WCD may be considered medically necessary only as an interim treatment for patients at high risk of sudden cardiac arrest who:

1. Have a left ventricular ejection fraction of 35% or less,
2. Have a temporary contraindication to receiving an ICD (such as a systemic infection) at the current time; and
3. Are tentatively scheduled for an ICD placement procedure based on one of the following:
    a. Received treatment with the goal of an ICD placement and have been scheduled for the ICD placement within three months, or
    b. Had an ICD removed and have been rescheduled for placement of another ICD once the contraindication has been treated.

WCDs will not be covered for investigational procedures or patient preference.

Prior Authorization/Documentation

Food and Drug Administration (FDA)-approved WCDs are covered under the Medicaid and CSHCS programs with prior authorization (PA). Requests for PA may only be submitted by the beneficiary's managing cardiologist and must include a current treatment plan and updated recommendations.

WCDs will be covered as a rental device, with PAs approved for 30 days at a time and a maximum of three months. If there is a continued need for the device beyond 30 days, a new PA request must be submitted documenting all of the following:

1. The beneficiary's response to and continued need for the WCD,
2. The anticipated date of the ICD procedure, and

3. The beneficiary's compliance with wearing the WCD. The compliance report from the device showing at least 95% wear compliance must be submitted with the PA request.

Requests for continued PA beyond the maximum of three months will be considered on a case-by-case basis.

Refer to the Medicaid Provider Manual, Medical Supplier chapter, Prior Authorization Section, for additional information.

Replacement Parts

Batteries, garments, and electrodes requiring replacement due to normal use and wear of the WCD will be covered.

Payment Rules

Rental of the WCD will be covered under Healthcare Common Procedure Coding System (HCPCS) procedure code K0606. HCPCS procedure codes K0607, K0608, and K0609 will be used, as applicable, for replacement parts.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

Stephen Fitton, Director
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