

**Bulletin Number:** MSA 14-25

**Distribution:** Medical Suppliers, Practitioners, Medicaid Health Plans

**Issued:** July 1, 2014

**Subject:** Revised Coverage of Wearable Cardioverter Defibrillators

**Effective:** August 1, 2014

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

The purpose of this bulletin is to inform providers of revisions made to the Wearable Cardioverter Defibrillator (WCD) policy. The information in this policy is effective for prior authorization requests received on or after August 1, 2014. Refer to the Medicaid Provider Manual, Medical Supplier Chapter at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy and Forms >> Medicaid Provider Manual for complete policy information.

**The standards of coverage, prior authorization and documentation requirements in this bulletin apply to beneficiaries served by Fee-for-Service Medicaid. For beneficiaries enrolled in a Medicaid Health Plan (MHP), the provider must check with the beneficiary's MHP for coverage, prior authorization and documentation requirements.**

### **Addition to Standards of Coverage**

The following criterion has been added to the policy for consideration of medical necessity for a WCD:

The beneficiary experienced a documented episode of ventricular fibrillation or sustained (lasting 30 seconds or longer) ventricular tachyarrhythmia that was not due to a transient or reversible cause and did not occur during the first 48 hours of an acute myocardial infarction.

### **Change to Prior Authorization/Documentation**

Prior Authorization requests after the first month must include documentation of the beneficiary's compliance with wearing the WCD in addition to the requirements already existing in policy. The compliance report should demonstrate a compliance rate of at least 92% for the previous 30-day period.

### **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-mail at [ProviderSupport@michigan.gov](mailto: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



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Medical Services Administration