Prior Authorization Form

NOTE: Refer to the Provider Manual for additional services requiring **Prior Authorization**

Fax Form To: 616.942.0024

PriorityHealth

Implantable Cardioverter Defibrillators (ICDs) with or without Biventricular Pacing

Click on this link to register your patient for the Emmi™ presurgical education program. Commercial and Medicaid patients are required to complete this program for new ICDs prior to submission of this request. Medicare patient completion is highly recommended.

Reset Form

☐ **Emmi™ ICD program completed** **Date:** _____

Member:

Last name:_____ First name: _____

ID #:_____ DOB: _____

Primary care physician:_____ PCP phone:_____ PCP fax: _____

Requested By:

Provider name: _____ Phone: _____ Fax: _____

Address:_____ Contact name: _____ Date of request: _____

Directed To:

Provider name: _____ Facility: _____

Address: _____ Address: _____

Provider phone:_____ Fax:_____ Facility phone: _____ Fax: _____

Contact name:_____ Contact name: _____ Date of service: _____

Clinical Information:

ICD check the condition(s) that apply: ☐ Initial Placement ☐ Replacement - Date of Original Placement:_____

If replacement, reason for replacement: _____

Manufacturer name: _____ Model #: _____

Diagnosis code(s):_____ Procedure code(s): _____

Implantable Cardioverter Defibrillators (ICDs) are covered consistent with the recommendations for Class I and Class IIa indications found in the ACC/AHA/HRS Guidelines for Device-Based Therapy.

CARDIOVERTER DEFIBRILLATORS - ADULT CRITERIA

For Implantable Cardioverter Defibrillators ***all*** of the following are required:

1. ☐ Patient must be on optimal medical therapy
2. ☐ Patient must have a reasonable expectation of survival with good functional status for more than 1 year, ***and***
3. ☐ Patient must meet ***one*** of the following criteria for adults:

Please check the indication that applies to this request for prior authorization:

☐ Survivor of cardiac arrest due to ventricular fibrillation (VF) or hemodynamically unstable sustained ventricular tachycardia (VT) after evaluation to define the cause of the event and to exclude any completely reversible causes. *(Class I)*
Date of event:_____

☐ ***Left ventricular dysfunction with prior MI (Ischemic Cardiomyopathy) and one of the following:
   a. LVEF less than 35% due to prior MI who are at least 40 days post-myocardial infarction and who are in NYHA functional Class II or III. *(Class I)*
   b. LVEF less than 30%, at least 40 days post-myocardial infarction, and are in NYHA functional Class I. *(Class I)*
   c. nonsustained VT due to prior MI, LVEF less than 40%, and inducible VF or sustained VT at electrophysiological study. *(Class I,*
EF_____ **Date of MI** _____

☐ ***Nonischemic dilated cardiomyopathy with an LVEF less than or equal to 35% and who are in NYHA functional Class II or III.*(Class I)* **EF**_____

***Indications must also meet the following criteria:**

1. Ejection fractions must be measured by angiography, radionuclide scanning, echocardiography, or MRI.
2. MIs must be documented and defined according to the consensus document of the Joint European Society of Cardiology/American College of Cardiology committee for the Redefinition of Myocardial Infarction[1] **(Please refer to *Cardioverter Defibrillators medical policy #91410* for additional criteria)**

☐ Syncope of undetermined origin and one of the following:
   a. clinically relevant, hemodynamically significant sustained VT or ventricular fibrillation induced at electrophysiological study. *(Class I)*

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Implantable Cardioverter Defibrillators (ICDs) with or without Biventricular Pacing-Cont'd

b. significant LV dysfunction, and nonischemic dilated cardiomyopathy. *(Class IIa)*

☐ Ventricular Tachycardia and one of the following:
   a. structural heart disease and spontaneous sustained VT, whether hemodynamically stable or unstable. *(Class I)*
   b. sustained VT and normal or near normal ventricular function. *(Class IIa)*

☐ Familial or inherited conditions **(Please refer to *Cardioverter Defibrillators medical policy #91410* for specific criteria)**

☐ Non hospitalized patients awaiting heart transplantation *(Class IIa)*

☐ Cardiac sarcoidosis *(Class IIa)*

☐ Giant cell myocarditis *(Class IIa)*

☐ Chagas disease *(Class IIa)*

☐ **For Cardiac Resynchronization Therapy** (Biventricular Pacemakers)/Combination Resynchronization-Defibrillation Devices for Heart Failure, alone or in combination with an AICD(CRT/AICD) may be covered when all of the following are met:

Please check the indication that applies to this request for prior authorization:

1. Patient meets **one** of the following **Class I** or **Class IIa** indications:

CLASS I

a. ☐ Patient has **all** of the following:
   i. LVEF less than or equal to 35%,
   ii. sinus rhythm,
   iii. LBBB with a QRS duration greater than or equal to 150 ms (Class I), or LBBB with a QRS duration 120-149 ms (Class IIa) and
   iv. NYHA class II, III, or ambulatory IV symptoms on GDMT (Guideline Directed Medical Therapy).

CLASS IIa

a. ☐ Patient has **all** of the following:
   i. LVEF less than or equal to 35%,
   ii. sinus rhythm,
   iii. a non-LBBB pattern with a QRS duration greater than or equal to 150 ms, and
   iv. NYHA class III/ ambulatory class IV symptoms on GDMT

b. ☐ Patient has atrial fibrillation and **all** of the following:
   i. LVEF less than or equal to 35% on GDMT
   ii. the patient requires ventricular pacing or otherwise meets CRT criteria and
   iii. AV nodal ablation or pharmacologic rate control will allow near 100% ventricular pacing with CRT

c. ☐ Patient on GDMT and has LVEF less than or equal to 35% and is undergoing new or replacement device placement with anticipated requirement for significant (**>**40%) ventricular pacing

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CARDIOVERTER DEFIBRILLATORS - PEDIATRIC CRITERIA

The following Class I and Class IIa ICD indications are covered for pediatric patients and patients with congenital heart disease who meet **one** of the following criteria:

Please check the indication that applies to this request for prior authorization:

☐ Patient is a survivor of cardiac arrest after evaluation to define the cause of the event and to exclude any reversible causes. *(Class I)*

☐ Patient has symptomatic sustained VT in association with congenital heart disease who have undergone hemodynamic and electrophysiological evaluation. Catheter ablation or surgical repair may offer possible alternatives in carefully selected patients. *(Class I)*

☐ Patient has congenital heart disease with recurrent syncope of undetermined origin in the presence of either ventricular dysfunction or inducible ventricular arrhythmias at electrophysiological study. *(Class IIa)*

Wearable Cardioverter Defibrillators may be covered under the DME benefit when InterQual® criteria are met.

Microvolt T-Wave Alternans (MTWA) testing is a covered benefit.

NOTE: ICDs are considered experimental and **not a covered benefit** for any indication other than Class I and IIa indications listed above. ICDs are also **not covered** if any of the following is present:

1. Irreversible brain damage, disease or dysfunction that precludes the ability to give informed consent.
2. Any disease, other than cardiac disease (e.g. cancer, uremia, liver failure, advanced cerebrovascular disease), associated with a likelihood of survival less than 1 year.
3. Member has asymptomatic VT or symptomatic VT/VF that is
   a. associated with acute myocardial infarction within 2 days,
   b. due to a remediable cause,
   c. controlled by appropriate drug therapy, and
   d. amenable to definitive therapy (e.g., ablative procedures, surgery).
4. Cardiogenic shock or symptomatic hypotension while in a stable baseline rhythm.
5. Had a CABG or PTCA within the past 3 months.
6. Had an acute MI within the past 40 days.
7. Clinical symptoms or findings that would make them a candidate for coronary revascularization.
8. For primary prevention of SCD in members with NYHA Class IV drug-refractory congestive heart failure.
9. The planned ICD has not received full market approval from the FDA.

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