LIFEBRIDGE HEALTH.
CARE BRAVELY

Medical Necessity for Medicare Coverage
Implantable Cardiac Defibrillators (ICD's)

Patient Label

20554

Patient Name: _____ DOB: _____

Submit this form PRIOR to procedure: OUTPATIENT - 72 Hours Prior | INPATIENT - 24 Hours Prior

Replacement: ____YES ____ NO | Device Under Warranty: ____YES ____ NO

A. For All Covered Indications.

Patients should not have:

Significant irreversible brain damage; OR Any disease, other than cardiac disease with likely survival <1 year (e.g., cancer, renal failure, liver failure); OR SVT such as AF with a poorly controlled ventricular rate

Patients MUST:

Be clinically stable. Have LVEF measured by ECHO, radionuclide imaging, MRI, or catheter angiography

B. Covered Indications: Please check which indication patient meets.

☐	1. **Personal hx of sustained VT or CA due to VF**
	Patient demonstrated:
	• *Episode of sustained VT, either spontaneous or induced by an EP study, not associated with an AMI and not due to a transient or reversible cause; OR Episode of CA due to VF, not due to a transient or reversible cause*
☐	2. **Prior MI and a measured LVEF ≤0.30, Shared Decision-Making Encounter Required**
	Patient should not have:
	• *NYHA Class IV HF*
	• *Had CABG or PCI w/angioplasty and/or stenting, within the past 3 months; OR*
	• *Had MI within past 40 days; OR*
	• *A candidate for CRT*
☐	3. **Severe ischemic dilated cardiomyopathy, no personal hx of sustained VT or CA d/t VF and have NYHA Class II or III HF, LVEF ≤35%, Shared Decision-Making Encounter Required**
	Patient should not have:
	• *CABG or PCI w/angioplasty and/or stenting, within past 3 months; OR*
	• *MI within past 40 days; OR*
	• *A candidate for CRT*
☐	4. **Severe NIDC, no personal hx of sustained VT or CA d/t VF, and have NYHA Class II or III HF, LVEF ≤35%, been on GDMT for @ least 3 months, Shared Decision-Making Encounter Required**
	Patient should not have:
	• *CABG or PCI w/angioplasty and/or stenting, within past 3 months; OR*
	• *MI within past 40 days; OR*
	• *A candidate for CRT*
☐	5. **Documented familial, or genetic disorders with a life-threatening tachyarrhythmias (sustained VT or VF), to include, high risk of but limited to, long QT syndrome or hypertrophic cardiomyopathy. Shared Decision-Making Encounter Required**
☐	6. **Patients with an existing ICD may receive an ICD replacement if it is required d/t end of battery life, ERI, or device lead malfunction**

C. Other Indications: _____

☐	**Shared Decision-Making Encounter Required for checked boxes 2-5**
	I have provided the patient with a copy of the University of Colorado ICD decision aid tool. Information contained within the tool was reviewed with the patient. Treatment goals and the patient preferences were discussed. After our discussion, the patient has chosen to undergo the implantation of an ICD

Physician Signature: _____ Date: _____ Time: _____

Please fax completed form to Sinai Cath Lab 410-601-6849
Part of Permanent Medical Record