

**IMPLANTED PERMANENT PACEMAKER MEDICARE COVERAGE WORKSHEET**

Complete this form for patients with traditional Medicare fee-for-service as primary or secondary insurance coverage.

- THIS FORM DOES NOT APPLY TO LEAD REVISIONS/CHANGES, GENERATOR REPLACEMENTS, or SYSTEM UPGRADES.
- THIS FORM DOES APPLY TO INITIAL SINGLE AND DUAL CHAMBER PERMANENT PACEMAKER IMPLANTS AND CRT-P IMPLANTS.

**PATIENT INFORMATION**

Last Name:	First Name:	DOB:
Date of Procedure:	Physician:	MR#:

**DETERMINE MEDICARE COVERAGE PER NATIONAL COVERAGE DETERMINATION (NCD) and MAC LOCAL COVERAGE ARTICLE (LCA)**

**A. IS THE PLANNED PROCEDURE OR INDICATION ONE OF THE FOLLOWING?**

- Cardiac resynchronization therapy
  - Obstructive hypertrophic cardiomyopathy
  - Sustained pause-dependent ventricular tachycardia, with or without QT prolongation
  - Pacing in children, adolescents, and patients with congenital heart disease
- No – Go to Section B     Yes – STOP - Indicate the procedure or indication above and Go to Q20

**B. DOES THE PATIENT HAVE ANY OF THE FOLLOWING INDICATIONS?**

**Symptomatic AV Block or Bradycardia/Pauses**

1.  **Non-reversible\*** symptomatic bradycardia due to sinus node dysfunction, second degree atrioventricular block, or third degree atrioventricular block
- Symptomatic atrioventricular block, unspecified
  - Symptomatic first-degree atrioventricular block with PR interval more than 300 milliseconds
  - Atrial fibrillation or atrial flutter with symptomatic bradycardia due to necessary medical therapy
  - First- or second-degree AV block with symptoms similar to those of pacemaker syndrome or hemodynamic compromise
- No – Go to Q2     Yes – Patient meets coverage – STOP - Document symptoms below and Go to Q20
- \*Non-reversible indicates that there is no identifiable reversible cause present such as drug therapy or a transient medical condition. Bradycardia that is the consequence of essential long-term drug therapy of a type and dose for which there is no acceptable alternative is considered non-reversible.*

Please indicate the patient's symptom(s) that are directly attributable to a heart rate less than 60 beats per minute.

**CHECK ALL THAT APPLY**

- Syncope                       Congestive Heart Failure
- Seizures                       Confusion
- Dizziness                     Other (please specify) \_\_\_\_\_

**Asymptomatic 2<sup>nd</sup> or 3<sup>rd</sup> Degree AV Block**

2.  Catheter ablation of the AV junction
- Postoperative AV block that is not expected to resolve after cardiac surgery
  - Asymptomatic type II second-degree AV block with a narrow QRS or second-degree AV block with a wide QRS including isolated right bundle-branch block
  - Asymptomatic second-degree AV block at intra-or infra-His levels found at electrophysiological study
  - Second or third-degree AV block during exercise in the absence of myocardial ischemia
  - Persistent third-degree AV block with an escape rate greater than 40 bpm in asymptomatic adult patients without cardiomegaly
  - Asymptomatic persistent third-degree AV block at any anatomic site with average awake ventricular rates of 40 bpm or faster if cardiomegaly or LV dysfunction is present or if the site of block is below the AV node
  - Patients with neuromuscular diseases with third-degree and advanced second-degree AV block at any anatomic level (e.g., myotonic muscular dystrophy, Kearns-Sayre syndrome, Erb dystrophy, and peroneal muscular atrophy)
- No – Go to Q3     Yes – STOP - Patient meets coverage – Go to Q20

**Bundle Branch Block (with high potential for progression or symptomatic)**

3.  Left or right bundle branch block
- Bundle branch block, unspecified
  - Right bundle branch block accompanied by left anterior or posterior fascicular block
  - Other bilateral bundle branch block
  - Bifascicular block or Trifascicular block
- No – Go to Q4     Yes – STOP - Patient meets coverage – If symptomatic, document symptom(s) then Go to Q20
- Symptom(s) attributed to BBB \_\_\_\_\_



Asymptomatic Bradycardia/Pauses	
4.	<ul style="list-style-type: none"> <li>Awake, symptom-free patients in sinus rhythm, with documented periods of asystole greater than or equal to 3.0 seconds or any escape rate less than 40 beats per minute (bpm), or with an escape rhythm that is below the AV node</li> <li>Awake, symptom-free patients with atrial fibrillation and bradycardia with one or more pauses of at least 5 seconds or longer</li> </ul> <input type="checkbox"/> No – Go to Q5 <input type="checkbox"/> Yes – STOP - Patient meets coverage – Go to Q20
Supraventricular Tachycardia	
5.	<ul style="list-style-type: none"> <li>Supraventricular tachycardia in which a pacemaker is specifically for control of the tachycardia</li> <li>Paroxysmal supraventricular tachycardia/supraventricular tachycardia (SVT that is reproducibly terminated by pacing when catheter ablation and/or drugs fail to control the arrhythmia or produce intolerable side effects)</li> </ul> <input type="checkbox"/> No – Go to Q6 <input type="checkbox"/> Yes – STOP - Patient meets coverage – Go to Q20
Neurocardiogenic Syncope	
6.	Hypersensitive carotid sinus syndrome and neurocardiogenic syncope (Syncope without clear, provocative events and with a hypersensitive cardio-inhibitory response of 3 seconds or longer or for significantly symptomatic neurocardiogenic syncope associated with bradycardia documented spontaneously or at the time of tilt-table testing) <input type="checkbox"/> No – Go to Q7 <input type="checkbox"/> Yes – STOP - Patient meets coverage – Go to Q20
Other	
7.	Reversible causes of bradycardia such as electrolyte abnormalities, medications or drugs, and hypothermia <input type="checkbox"/> No–Go to Q8 <input type="checkbox"/> Yes–STOP Patient <b>does not</b> meet coverage–Go to Q20
8.	Asymptomatic first degree AV block <input type="checkbox"/> No–Go to Q9 <input type="checkbox"/> Yes–STOP Patient <b>does not</b> meet coverage–Go to Q20
9.	Asymptomatic sinus bradycardia <input type="checkbox"/> No–Go to Q10 <input type="checkbox"/> Yes–STOP Patient <b>does not</b> meet coverage–Go to Q20
10.	Asymptomatic sino-atrial block or asymptomatic sinus arrest <input type="checkbox"/> No–Go to Q11 <input type="checkbox"/> Yes–STOP Patient <b>does not</b> meet coverage–Go to Q20
11.	Ineffective atrial contractions (e.g., chronic atrial fibrillation or flutter, giant left atrium) WITHOUT symptomatic bradycardia. <input type="checkbox"/> No–Go to Q12 <input type="checkbox"/> Yes–STOP Patient <b>does not</b> meet coverage–Go to Q20
12.	Asymptomatic second degree AV block of Mobitz Type I unless the QRS complexes are prolonged or EP studies have demonstrated that the block is at or beyond the level of the HIS bundle <input type="checkbox"/> No–Go to Q13 <input type="checkbox"/> Yes–STOP Patient <b>does not</b> meet coverage–Go to Q20
13.	Syncope of undetermined cause <input type="checkbox"/> No–Go to Q14 <input type="checkbox"/> Yes–STOP Patient <b>does not</b> meet coverage–Go to Q20
14.	Bradycardia during sleep <input type="checkbox"/> No–Go to Q15 <input type="checkbox"/> Yes–STOP Patient <b>does not</b> meet coverage–Go to Q20
15.	Right bundle branch block with left axis deviation (and other forms of fascicular or bundle branch block) WITHOUT syncope or other symptoms of intermittent AV block <input type="checkbox"/> No–Go to Q16 <input type="checkbox"/> Yes–STOP Patient <b>does not</b> meet coverage–Go to Q20
16.	Asymptomatic bradycardia in post-myocardial infarction patients about to initiate long-term beta-blocker therapy <input type="checkbox"/> No–Go to Q17 <input type="checkbox"/> Yes–STOP Patient <b>does not</b> meet coverage–Go to Q20
17.	Frequent or persistent supraventricular tachycardias, except where the pacemaker is specifically for control of tachycardia <input type="checkbox"/> No–Go to Q18 <input type="checkbox"/> Yes–STOP Patient <b>does not</b> meet coverage–Go to Q20
18.	A clinical condition in which pacing takes place only intermittently and briefly, and which is not associated with a reasonable likelihood that pacing needs will become prolonged <input type="checkbox"/> No–Go to Q19 <input type="checkbox"/> Yes–STOP Patient <b>does not</b> meet coverage–Go to Q20
19.	Specify indication not listed above necessitating the need for an implanted cardiac pacemaker and Go to Q20
20.	Please send this completed, signed and dated form to the facility Clinical Reviewer if the physician wants to proceed with the pacemaker implantation.

Physician Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

This tool does not serve as a replacement for physician documentation. Documentation of the patient's specific need for a permanent pacemaker must be included in the facility medical record, i.e., history & physical, progress notes, operative report, etc.

**FOR HOSPITAL USE ONLY**

Meets Medicare Coverage per NCD/LCA     Does not meet Medicare Coverage per NCD/LCA – Refer to Administration

Clinical Reviewer: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Bar Code

Patient Label



\*CARD\*