ForwardHealth
Wisconsin serving you

Update
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Affected Programs: BadgerCare Plus, Medicaid
To: Cardiologists, Medical Equipment Vendors, HMOs and Other Managed Care Programs

New Prior Authorization Criteria for Wearable Cardioverter Defibrillator

This *ForwardHealth Update* introduces new prior authorization (PA) approval criteria for a wearable cardioverter defibrillator effective for PA requests received on and after December 1, 2011.

This *ForwardHealth Update* describes new prior authorization (PA) approval criteria for the rental of a wearable cardioverter defibrillator (WCD) effective for PA requests received on and after December 1, 2011.

General Coverage Information

Rental of a WCD is a covered service with PA. The WCD is indicated for adult members at high risk for sudden cardiac death and is used on an outpatient basis. This equipment is intended for short-term use under medical supervision. The WCD is designed to perform the same functions as an automatic implantable cardioverter defibrillator (ICD) but is worn outside the body and, therefore, is noninvasive.

Prior Authorization Approval Criteria

Prior authorization requests for a WCD must document that the member meets *one* of the following:

- A documented episode of ventricular fibrillation or a sustained (lasting 30 seconds or longer) ventricular tachyarrhythmia. The dysrhythmia may be either spontaneous or induced during an electrophysiologic study, but it may not be due to a transient or reversible cause and may not occur during the first 48 hours of an acute myocardial infarction (*International Classification of Diseases, Ninth Revision, Clinical Modification* [ICD-9-CM] codes 427.1 [paroxysmal ventricular tachycardia] 427.42 [ventricular flutter], or 427.5 [cardiac arrest]).
- Familial or inherited conditions with a high risk of life-threatening ventricular tachyarrhythmia such as a long QT syndrome (ICD-9-CM code 426.82 [long QT syndrome]) or hypertrophic cardiomyopathy (ICD-9-CM code 425.1 [hypertrophic obstructive cardiomyopathy]).
- Either documented prior myocardial infarction or dilated cardiomyopathy and a measured left ventricular ejection fraction less than or equal to 35 percent.

In addition, the PA must document *one* of the medical contraindications to ICD implantation as follows:

- A previously implanted defibrillator that now requires removal for reasons such as mechanical complication due to automatic implantable cardiac defibrillator (ICD-9-CM code 996.04 [mechanical complication of cardiac device, implant, and graft due to automatic implantable cardiac defibrillator]) or infection and inflammatory reaction due to cardiac device, implant, and graft (ICD-9-CM code 996.61 [Infection and inflammatory reaction due to cardiac device, implant, and graft]).
- Is waiting for a heart transplant.
- Is at high risk of an arrhythmia and is expected to improve with therapy for an underlying metabolic

or other medical condition within a short time frame.
- Is waiting for ICD implantation *wh*ile undergoing treatment for a systemic infection.

The approval criteria for PA requests for a WCD are also included in the Attachment of this *Update*.

Prior Authorization Denial Criteria

Prior authorization requests for a WCD will be denied if any of the following are true:
- The member is 18 years of age or younger.
- The member has a vision, hearing, or developmental problem that may interfere with the perception of alarms or messages from the WCD.
- The member is taking medications that would interfere with responding to alarms or messages from the WCD.
- The member is either pregnant or breast feeding or of childbearing age and is not attempting to prevent pregnancy.
- The member will be exposed to high levels of electromagnetic interference that may prevent the WCD from operating.
- The member is unable or unwilling to wear the device continuously, except when bathing.

How to Submit a Prior Authorization Request

The durable medical equipment (DME) provider is required to submit all of the following as part of a PA request for a WCD, regardless of the submission method:
- A completed Prior Authorization Request Form (PA/RF), F-11018 (10/08).
- A completed Prior Authorization/Durable Medical Equipment Attachment (PA/DMEA), F-11030 (10/08). The DME provider is responsible for obtaining the required clinical information from the member's cardiologist to complete the PA/DMEA.
- Documentation supporting the criteria in the Prior Authorization Approval Criteria section of this *Update*.

Note: The cardiologist must be an American Board of Cardiology-certified cardiologist.

Durable medical equipment providers may submit PA requests for a WCD via the ForwardHealth Portal, including the capability to upload electronically completed PA attachments and additional required documentation. Providers may refer to the Portal User Guide available on the ForwardHealth Portal for instructions on submitting PA attachments.

Providers may submit paper PA requests by fax to ForwardHealth at (608) 221-8616 or by mail to the following address:

ForwardHealth
Prior Authorization
Ste 88
6406 Bridge Rd
Madison WI 53784-0088

For complete PA information, refer to the Durable Medical Equipment and Physician service areas of the Online Handbook.

Reimbursement Policy and Claims

Delivery, setup, and training are included in the charges for rental equipment. Separate payment for cables, alarms, electrodes, belts, holsters, lead wires, battery packs, battery charger, monitor, the garment, and other supplies will not be made as these items are included in the charges for rental equipment as well.

Equipment rental is covered only as long as medical necessity exists. Once an ICD is implanted or heart transplant takes place, the WCD is no longer needed. Providers may not bill for dates of service when medical necessity no longer exists.

Providers are reminded that they are required to prepare and maintain medical and financial records in accordance with DHS 106.02(9)(a) through (g), Wis. Admin. Code.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at *www.forwardhealth.wi.gov/*.

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ATTACHMENT
Criteria for Requesting Prior Authorization for a Wearable Cardioverter Defibrillator

Prior authorization (PA) requests for a wearable cardioverter defibrillator must document that the member meets *one* of the following:

- A documented episode of ventricular fibrillation or a sustained (lasting 30 seconds or longer) ventricular tachyarrhythmia. The dysrhythmia may be either spontaneous or induced during an electrophysiologic study, but it may not be due to a transient or reversible cause and not occur during the first 48 hours of an acute myocardial infarction (*International Classification of Diseases, Ninth Revision, Clinical Modification* [ICD-9-CM] codes 427.1 [paroxysmal ventricular tachycardia], 427.42 [ventricular flutter], or 427.5 [cardiac arrest]).
- Familial or inherited conditions with a high risk of life-threatening ventricular tachyarrhythmia such as a long QT syndrome (ICD-9-CM code 426.82 [long QT syndrome]) or hypertrophic cardiomyopathy (ICD-9-CM code 425.1 [hypertrophic obstructive cardiomyopathy]).
- Either documented prior myocardial infarction or dilated cardiomyopathy and a measured left ventricular ejection fraction less than or equal to 35 percent.

In addition, the PA must document *one* of the medical contraindications to implantable cardioverter defibrillator (ICD) implantation as follows:

- A previously implanted defibrillator that now requires removal for reasons such as mechanical complication due to automatic implantable cardiac defibrillator (ICD-9-CM code 996.04 [mechanical complication of cardiac device, implant, and graft due to automatic implantable cardiac defibrillator]) or infection and inflammatory reaction due to cardiac device, implant, and graft (ICD-9-CM code 996.61 [Infection and inflammatory reaction due to cardiac device, implant, and graft]).
- Is waiting for a heart transplant.
- Is at high risk of an arrhythmia and is expected to improve with therapy for an underlying metabolic or other medical condition within a short time frame.
- Is waiting for ICD implantation while undergoing treatment for a systemic infection.