This content has been created to supplement the MCG care guidelines. MCG Health has neither reviewed nor approved the modified material.

SHP Leadless Cardiac Pacemaker

AUTH: SHP Surgical 126 v2 (AC)

MCG Health Ambulatory Care 25th Edition

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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy

Application to Products

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Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required

Description of Item or Service

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Leadless Cardiac Pacemaker is a single-chamber ventricular pacemaker that is without defibrillation capacity. It is an ultrasound-guided access directly through the femoral vein and attached the small capsule to the heart. This device does not require a chest incision or a subcutaneous generator chest pocket.

Exceptions and Limitations

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There is insufficient scientific evidence to support the medical necessity of this service as it is not shown to improve health outcomes upon technology review.

Clinical Indications for Procedure

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• NA

Document History

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- Revised Dates:
- Reviewed Dates
 - 2022: July
- Effective Date: September 2021

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
 - None
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - CPT 33274 Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed
 CPT 33275 Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound,
 - CPT 33275 Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound ventriculography, femoral venography), when performed

References

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References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Cardiac Pacemaker Implantation or Replacement (A-0167). (2022). Retrieved Jun 15, 2022, from MCG 25th Edition: https://careweb.careguidelines.com/ed25/index.html

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Nanostim Leadless Pacemaker - ARCHIVED Sep 1, 2017. (n.d.). Retrieved Jun 15, 2022, from Hayes: https://evidence.hayesinc.com/report/pg.309

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20 PACEMAKER&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1.00 and the contract of the

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TRANSCATHETER PACING SYSTEMS. (2022). Retrieved Jun 15, 2022, from Medtronic: https://www.medtronic.com/us-en/healthcare-professionals/products/cardiacrhythm/pacemakers/micra-pacing-system.html

Codes

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