Sentara Health Plans

Medicaid

Leadless Cardiac Pacemaker, Surgical 126

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Effective Date	10/1/2025
Next Review Date	7/2026
Coverage Policy	Surgical 126
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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual. *

Description & Definitions:

Leadless Cardiac Pacemaker may be a single or dual-chamber device. 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.

Criteria:

Leadless pacemakers are considered medically necessary when individual requires pacing but lacks venous access that precludes a transvenous approach when **ALL** of the following criteria are met**:**

- Individuals require a leadless approach as indicated by **1 or more** of the following:
  - Individual has congenital heart disease with right to left shunting
  - Individual has limited access to the right ventricle
  - Individual has inadequate vascular access to allow for placement of an implantable device
  - Individuals have no conventional pocket site due to previous device related infections or other chronic indwelling catheters preventing access to a potential pocket site.
- No contraindications for leadless pacemaker as indicated by **ALL** of the following:
  - Individual does not have an implanted inferior vena cava filter
  - Individual does not have a mechanical tricuspid valve
- Individual meets **1 or more** of the following clinical indications for permanent pacer placement:
  - Individual requires a **single chamber leadless right ventricular (RV) pacemaker** when **1 or more** of the following clinical indications are met:
    - Individual has symptomatic paroxysmal AV Block
    - Individual has permanent high-grade AV block in the presence of Atrial Fibrillation (AF)
    - As an alternative to dual chamber pacing when atrial lead placement is considered difficult, high risk, or considered not necessary for appropriate therapy in an individual with symptomatic paroxysmal or permanent high-grade AV block in the absence of AF
    - As an alternative to atrial or dual chamber pacing when atrial lead placement is considered difficult, high risk, or not considered necessary for effective therapy in an individual with symptomatic bradycardia-tachycardia syndrome or sinus node dysfunction (sinus bradycardia or sinus pauses),
  - Individual requires a **single chamber leadless right atrial pacemaker** and has a diagnosis of sinus node dysfunction with normal AV and intraventricular conduction systems
  - Individual requires a **dual chamber leadless pacemaker** when **1 or more** of the following clinical indications are met:

- Individual has chronic, symptomatic second or third-degree AV block
- Individual has recurrent Adams-Stokes syndrome
- Individual has sick sinus syndrome
- Individual has symptomatic bilateral bundle branch block when other causes have been ruled out

Leadless Pacemakers are considered **not medically necessary** for any use other than those indicated in clinical criteria.

Document History:

Revised Dates:

- 2025: July – Implementation date of October 1, 2025. Annual review completed. No changes to criteria, references and coding checked.
- 2024: July – Annual review completed. Expanded criteria to provide coverage. Updated references. Added codes 0795T-0803T.

Reviewed Dates:

- 2023: July
- 2022: July

Origination Date: September 2021

Coding:

Medically necessary with criteria:

Coding	Description
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
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed
C1605	Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), rate-responsive, including all necessary components for implantation
0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; complete system (ie, right atrial and right ventricular pacemaker components)
0796T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system)
0797T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)
0798T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; complete system (ie, right atrial and right ventricular pacemaker components)

0799T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right atrial pacemaker component
0800T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)
0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; dual-chamber system (ie, right atrial and right ventricular pacemaker components)
0802T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component
0803T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)
0804T	Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device and to select optimal permanent programmed values, with analysis, review, and report, by a physician or other qualified health care professional, leadless pacemaker system in dual cardiac chambers
0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed
0824T	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed
0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed
0826T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, leadless pacemaker system in single-cardiac chamber

Considered Not Medically Necessary:

Coding	Description
	None

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device-code(s) does not constitute or imply member coverage or provider reimbursement.

Policy Approach and Special Notes: *

- Coverage
  - See the appropriate benefir document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products
  - Policy is applicable to Sentara Health Plan Virginia Medicaid Products

- Authorization requirements
    - Precertification required by Plan
- Special Notes:
    - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
    - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
    - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. EPSDT Supplement B (updated 5.19.22) Final.pdf
    - Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider withing 60 days of the date of service requested.

References:

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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LCA: Billing and Coding: Single Chamber and Dual Chamber Permanent Cardiac Pacemaker (A54831). (2023, Oct 01). Retrieved Jun 18, 2025, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=54831&ver=28&keyword=pacemaker&keywordType=starts&areaId=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1

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Keywords:

SHP Leadless Cardiac Pacemaker, SHP Surgical 126, LCP, leadless pacemaker, LP, Micra, Nanostim, Leadless intracardiac pacemakers, Transcatheter Pacing System