Effective Date: 6-25-14

Nevada Health Solutions LLC

NHS MEDICAL POLICY

Wearable Cardioverter Defibrillator (WCD) Life Vest for The Prevention of Sudden Cardiac Death

DME 2014-002

Use of wearable cardioverter defibrillators (WCDs) for the prevention of sudden cardiac death may be considered medically necessary as interim "bridge" treatment for a period not to exceed 90 days, when all the following are met:

1	Member is a candidate for and meets MCG criteria for surgical insertion of an Automatic Implantable Cardioverter Defibrillator (AICD)
2	Documented plan for AICD insertion
3	There is a high risk for sudden cardiac arrest and life expectancy is 1 year or greater
4	The member does **NOT** have New York Heart Association (NYHA) class IV congestive heart failure that is refractory to optimal medical management (and cannot undergo cardiac transplantation)
5	The WCD serves as a temporary bridge to Automatic Implantable Cardioverter Defibrillator (AICD) implantation when a temporary contraindication to receiving an AICD is present such as: a. Current active systemic infection b. Member with reduced left ventricular (LV) systolic function (LVEF < 35) percent who have had myocardial infarction (MI) within the past 40 days c. Member with reduced LV systolic function (LVEF < 35) percent who have undergone coronary revascularization with coronary artery bypass graft (CABG) surgery in the past three months d. Severe heart failure patient awaiting transplant e. Mechanical failure of current AICD while awaiting replacement of AICD f. Woman with peripartum cardiomyopathy g. Member with newly diagnosed nonischemic cardiomyopathy with severely reduced LV systolic function (LVEF <35 percent) that is potentially reversible
5	The rationale for the use of the WCD must not fall under the definition of a convenience item.

6	The initial approval time is 1-to-3 months. Extension of approval may occur in a 1-to-3-month time frame with documentation that the member is wearing the device and the indication for its use still exists per the above criteria

If approved verify that member will wear 24/7 except to shower and copay $420 per month

CODE REFERENCE (This may not be a comprehensive list of codes to apply to this policy.)

K0606

REFERENCES

Aetna Clinical Policy Bulletin/Medical Clinical Policy Bulletins Cardioverter-Defirbrillators Number: 0585 last review 8/3/2022 Blue Cross of California Wearable Cardioverter Defribrillators 2.02.15 Effective date: July 1, 2022.

Chung MD, M. K. (2019, December 16th). *Wearable Cardioverter - Defibrillator*. Retrieved from Uptodate: https://www.uptodate.com/contents/wearable-cardioverter-defibrillator?search=icd%20temporary&

United Healthcare Cardiac Pacemakers and Defibrillators Policy Number: BIPO18.N Effective June 1, 2022

Wearable Cardioverter Defibrillators. (2022, July 1). Retrieved from Amerigroup Medical Policy: https://provider.healthybluenc.com/dam/medpolicies/healthybluenc/active/policies/mp_pw_a050505.html

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
06/19/2015	Annual Medical Policy Review and approval
06/16/2016	Annual medical policy review and approval
06/30/2016	The language in section 2 is correct. However, section 4 was previously incorrect, listing a waiting period of over 40 days after MI. This version corrects the language in section 4 to match section 2 and medical literature. The changes were sent via email to the UM Committee for approval or rejection. All voted approval. Change was made and filed.
06/14/2017	Reviewed – no changes
06/13/2018	Reviewed – no changes
03/13/2019	Under Code Reference added: 93745; under References added line item 15
03/12/2020	Reviewed – no changes
03/12/2021	Reviewed – no changes
03/28/2022	Reviewed – no changes
09/19/2022	Complete revision
08/23/2023	Reviewed – no changes
08/23/2024	Reviewed – no changes