PHYSICIAN GUIDELINES

Inpatient Admission Criteria for Implantable Cardioverter-Defibrillator and Pacemaker Placement

Effective 07-01-2013
UnitedHealthcare (UHC) Inpatient Admission Criteria for Implantable Cardioverter-Defibrillator and Pacemaker Placement

The following criteria apply to implantation of approved cardiac devices based on evidence-based indications. For those approved devices, a pre-service medical necessity determination of place of service is required for in-patient procedures. Patients who are medically stable and who present for elective pacemaker can often undergo their procedure in an accredited outpatient environment (place of service 22 or 24). In-patient status (place of service 21) is warranted for patients who require more intensive monitoring. Conditions that may warrant in-patient admission status:

1. Urgent implantation of any device. Hospitalization is triggered by onset of symptoms or detection of a potentially serious condition, i.e. syncope, heart block, ventricular tachycardia
2. Any resynchronization therapy device implant
3. Device implantation during hospitalization for another problem
4. Required lead extraction as part of the implantation or re-implant procedure
5. Complex anticoagulation needs that require admission for the peri-surgical management of these anticoagulation issues
6. Pacemaker/implantable cardiac defibrillator (ICD) implants or electrophysiologic(EP)/ ablation in patients with uncontrolled co-morbidities including, but not limited to, renal insufficiency, angina, congestive heart failure, severe chronic obstructive pulmonary disease (COPD), and electrolyte disturbances in whom in the attending physician's best judgment requires inpatient admission for optimal medical management. The physician must clearly document in the medical record the co-morbidities, whether they are uncontrolled or of recent onset, and the treatment plan to address these issues.
7. New ICD implants or patients undergoing ICD generator replacement with concomitant lead replacement who are New York Heart Association (NYHA) class II, III or IV
8. Patients undergoing an atrio-ventricular junction (AVJ) ablation and acute device implant due to the need for extended monitoring for potentially life-threatening arrhythmias

Based on physician judgment, implantation of devices meeting evidence-based indications may be performed on an outpatient basis for the condition listed above. No medical necessity place of service determination for approved devices is required for implantations performed on an outpatient basis.
Reference