ATTENTION ALL PROFESSIONAL SERVICE PROVIDERS:
Criteria for Wearable Cardioverter Defibrillator (WCD) Life Vest

Effective immediately, the following criteria must be met for Wearable Cardioverter Defibrillator Life Vest to be an approved service and reimbursed by Louisiana Medicaid. Please visit www.lamedicaid.com for the notice. If you have any questions please contact Molina Provider Relations (800)473-2783 or (225)924-5040.

A wearable Cardioverter Defibrillator (WCD) LifeVest is considered medically necessary and may be authorized for adult patients who are 18 years of age and older and at high risk of sudden cardiac arrest that meet ***ALL*** of the following criteria:

- ❑ The WCD serves as a temporary bridge to ICD implantation due to a temporary contraindication or complication to receiving an ICD (e.g., current systemic infection, less than 40 days post MI, mechanical failure of current ICD waiting for reimplantation). The ICD is scheduled for implantation once resolved.
- ❑ The WCD is prescribed by a cardiologist
- ❑ The rationale for the use of the Wearable Cardioverter Defibrillator must not fall under the definition of a convenience item.
- ❑ A candidate for WCD must submit chart note documentation meeting one of the following indications for the surgical placement of an implantable cardioverter defibrillator (ICD):

    - o History of cardiac arrest due to ventricular fibrillation (VF) or hemodynamically unstable ventricular tachycardia (VT) following an evaluation to define the cause of the event and to exclude any completely reversible causes (e.g., electrolyte imbalance, drug-induced, trauma, hypoxia). One of the following criteria must also be met:

        - ◊ NO CAD by angiogram
        - ◊ CAD by angiogram with one of the following:
            - ➢ Percutaneous coronary Intervention (PCI)/CABG performed > 12 weeks prior
            - ➢ Not remediable by PCI/CABG

    - o Left ventricular dysfunction with prior MI (Ischemic Cardiomyopathy) and one of the following:

        - ◊ *LVEF less than 35% due to prior MI who are minimally 40 days post myocardial infarction and who are in NYHA functional class II or III.
        - ◊ OR
        - ◊ *LVEF less than 30%, due to prior MI who are minimally 40 days post myocardial infarction and are in NYHA Class I.
        - ◊ *LVEF < 40 percent with nonsustained ventricular tachycardia (<30 seconds) due to prior MI who are minimally 40 days post myocardial infarction would require a Holter monitor. Nonsustained ventricular tachycardia on Holter monitoring would warrant a referral for EP study (MUSTT and MADIT I and II trials). If the EP study is positive and ICD is contraindicated WCD would be appropriate.

        AND

        One of the following criteria must also be met:

        NO CAD by angiogram

        - ◊ CAD by angiogram with one of the following:
            - ➢ PCI/CABG performed > 12 weeks prior
            - ➢ Not remediable by PCI/CABG

- ❑ Nonischemic dilated cardiomyopathy

    - o *LVEF less than or equal to 35% and who are in NYHA functional class II or III.

      * ***NOTE***- Ejection fractions must be measured by angiography, radionuclide scanning, echocardiography

- ❑ Ventricular fibrillation or sustained ventricular tachyarrhythmia. These dysrhythmias may be either spontaneous or induced during an (EP) study, but may not be due to a transient or reversible cause and not occur during the first 48 hours of an acute myocardial infarction. One of the following criteria must also be met:

    - o No CAD by angiogram
    - o CAD by angiogram with one of the following:
        - ◊ PCI/CABG performed >12 weeks prior
        - ◊ Not remediable by PCI/CABG

- ❑ Inherited or familial conditions that carry a high risk for life-threatening ventricular tachyarrhythmias such as hypertrophic cardiomyopathy or long QT Syndrome (QRS duration $\geq$ 120 msec) that are not related to transient or reversible causes. One or more of the following risk factors must be present:
    - o Prior cardiac arrest
    - o A family history of one of the following:
        - ◊ Sudden cardiac death in a first degree relative (e.g., sibling, parent or child) $\leq$ 40
        - ◊ Sudden cardiac death in a first degree relative (e.g., sibling, parent or child) with hypertrophic cardiomyopathy
        - ◊ left ventricular/septal thickness > 30 mm
        - ◊ Unexplained Presyncope/syncope $\geq$ 2 episodes by hx
        - ◊ Abnormal exercise BP including failure BP to rise >25mmHg from baseline or decrease <10mmHg from the maximal BP during exercise

- ❑ Long-QT syndrome (QRS duration $\geq$ 120msec) and/or VT while receiving beta-blockers who are experiencing recurrent syncope or have a history of sudden cardiac arrest

  Note: Literature indicates beta blocker-treatment is effective on about 70% of long QT syndrome patients, and 30% of patients remain at increased risk despite treatment

- o Inducible ventricular fibrillation at EP testing with one of the following:

    - ◊ No CAD by angiogram
    - ◊ CAD by angiogram with one of the following:
        - ➢ PCI/CABG performed > 12 weeks prior
        - ➢ Not remediable by PCI/CABG