ICM Prior Authorization Checklist for Implanting Physician(s)

Please consider the suggestions below when pursuing a Prior Authorization for Insertable Cardiac Monitor procedure. This is directional awareness in creating a case for your patient’s coverage. This list is not all-inclusive, and nothing in this document should be construed as a guarantee by Abbott regarding reimbursement or payment amounts, or that reimbursement or other payment will be received. For independent consideration and review, please make all changes that you believe appropriate, or disregard these suggestions in their entirety. The healthcare provider is ultimately responsible for the accuracy and completeness of all claims submitted to third-party payers. In addition, the provider should note that laws, regulations, and coverage policies are complex and are updated frequently, and, therefore, the customer should check with its local carriers or intermediaries often and should consult with legal counsel or a financial or reimbursement specialist for any questions related to billing, reimbursement, or any related issue. Please see the FDA-approved label for information relevant to any prescribing decisions*.*

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| **CPT‡ CODES** | **DESCRIPTION** | **INCLUDED** |
| 33285 | Insertion, subcutaneous cardiac rhythm monitor, including programming | □ |

The following clinical information may be required when submitting a prior authorization request for the aforementioned CPT‡ code. It is the sole responsibility of the prescribing healthcare provider to diagnose and treat the patient. Nothing in this document is intended to interfere with the independent clinical judgment of the prescribing healthcare provider. This information is subject to change. Please check your patient’s benefit administrator’s prior authorization requirements before submitting a prior authorization request.

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| **SUGGESTED INFORMATION TO INCLUDE WITH PRIOR AUTHORIZATION FOR PATIENTS WITH SYNCOPE/NEED FOR LONG-TERM AF MONITORING** | **INCLUDED** |
| ICD diagnosis, date of diagnosis, indication for procedure  | □ |
| Clear documentation that at least 30 days of noninvasive cardiac monitor (i.e., ambulatory event monitor) has not detected clinically suspected arrythmias | □ |
| Clear documentation that symptoms have persisted for longer than 90 days | □ |
| Clear documentation supporting that an ICM will significantly change the plan of care | □ |
| Reasons for procedure, and rationale for why short-term monitoring did not work or would not be successful | □ |
| **SUGGESTED INFORMATION TO INCLUDE WITH PRIOR AUTHORIZATION FOR PATIENTS WITH CRYPTOGENIC STROKE** | **INCLUDED** |
| ICD diagnosis, date of diagnosis, indication for procedure  | □ |
| Clear documentation that at least 30 days of noninvasive cardiac monitoring has not excluded suspected arrythmia as the etiology of the cryptogenic stroke | □ |
| Clear documentation that the patient received a stroke evaluation with imaging provided by a neurologist | □ |
| TEE or CT scan has ruled out intracardiac source of emboli and/or PFO large enough to warrant closure | □ |
| Clear documentation of paroxysmal atrial fibrillation that has not otherwise been demonstrated in a patient who would be a candidate for anticoagulation | □ |
| Reasons for procedure, and rationale for why short-term monitoring did not work or would not be successful | □ |
| **SUGGESTED INFORMATION TO INCLUDE WITH PRIOR AUTHORIZATION FOR PATIENTS POST CARDIAC ABLATION** | **INCLUDED** |
| ICD diagnosis, date of diagnosis, indication for procedure  | □ |
| Clear documentation that at least 30 days of noninvasive cardiac monitor (i.e., ambulatory event monitor) has not detected clinically suspected arrythmias | □ |
| Clear documentation supporting that an ICM will significantly change the plan of care | □ |

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Rx Only: Brief Summary: Brief Summary: Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events and directions for use.

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15900 Valley View Court, Sylmar CA 91342 USA Tel: +818.362.6822

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