**March 19, 2024**

**Nevada Medicaid Web Announcement 3312**

***Attention Provider Type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies):***

# Wearable Cardioverter Defibrillator (WCD) Vest Covered Effective January 1, 2024

During the 82nd Nevada Legislative Session (2023), Senate Bill (SB) 504 passed requiring Nevada Medicaid to cover the Wearable Cardioverter Defibrillator (WCD) vest. Nevada Medicaid is implementing the following procedure codes to be payable to provider type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies) effective with dates of service on or after January 1, 2024:

- K0606 (Automatic external defibrillator, with integrated electrocardiogram analysis, garment type)
- K0607 (Replacement battery for automated external defibrillator)
- K0608 (Replacement garment for use with automated external defibrillator)
- K0609 (Replacement electrodes for use with automated external defibrillator)

Prior authorization is required for the above procedure codes to review for medical necessity.

Any claims submitted by PT 33 with dates of service on or after January 1, 2024, for the above procedure codes that are denying with error code 3340 (Service not covered by NV Medicaid) will be reprocessed automatically at a later date. A future remittance advice will report the results of any reprocessed claims. When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to Medicaid Services Manual Chapter 100 and the Billing Manual for information concerning the claim appeal process and time frames.

**Medical Necessity for Coverage**

The following medical necessity requirements associated with this change were discussed at the January 16, 2024, Division of Health Care Financing and Policy (DHCFP) Public Workshop.

*Covered for High risk of sudden cardiac death (SCD):*

A. A documented episode of ventricular fibrillation or a sustained, ventricular tachyarrhythmia. These dysrhythmias may be spontaneous; and/or must be reproducible during an electrophysiologic (EP) study but
   1. may not be due to a transient or reversible cause,
   2. not within the first 48 hours of an acute myocardial infarction,
   3. not within the first 72 hours post coronary bypass,
   4. not within 5 days of a transplant

B. Familial or inherited conditions with a high risk of life-threatening ventricular tachyarrhythmia such as long QT syndrome or hypertrophic cardiomyopathy.

C. Either documented prior myocardial infarction or dilated cardiomyopathy, Endomyocardial eosinophilic dz-Endocardial fibroelastosis or Alcoholic cardiomyopathy (drug or other agent cardiomyopathy) and a measured left ventricular ejection fraction less than or equal to 0.35; or

D. A previously implanted defibrillator has had mechanical breakdown, infection and inflammatory reaction due to cardiac valve prosthesis or documentation that severe infection is not due to poor patient compliance.

*Continued coverage for K0606 device beyond the first three months of therapy:*

A. Recipients covered for the first three months for a K0606 device must be re-evaluated to establish the medical necessity of continued coverage need beyond the first three months based on above criteria documented by the treating physician.

B. There must be documentation in the recipient's medical record about the progress of relevant symptoms and recipient compliance of usage of the device matching the treating physician's order up to that time.

*Forms and Documentation Requirements:*

A. The provider and ordering practitioner have ensured that all less costly medically appropriate alternatives have been explored. If the alternatives are not adequate, the ordering practitioner is required to provide clear documentation as to why the alternatives are not adequate.
B. The ordering practitioner of the wearable defibrillator is a cardiologist and experienced in the management of patients at risk for SCD.

*Miscellaneous Policy statements:*

A. Initial evaluation will be for the first three months only.

B. Subsequent evaluations may be allowed if **the recipient is compliant with the treating physician's order of usage and if medically necessary up to 10 months to be considered recipient owned. Failure of the recipient to be consistently using the K0606 device per the treating physician's order by the time of the re-evaluation would represent non-compliant utilization for the intended purpose and expectations of this therapy. This would constitute reason to deny continued coverage.**

C. Supplies are only purchased after K0606 is recipient owned.