

Medical Policy

Leadless Cardiac Pacemakers

Policy Number: 100

	Commercial and Qualified Health Plans	Mass General Brigham ACO	Medicare Advantage	One Care	Senior Care Options (SCO)
Authorization Required	X		X	X	X
No Prior Authorization					
Not covered/ payable		X			

Overview

Leadless cardiac pacemakers are an alternative to transvenous pacemakers which do not need generator pockets or transvenous leads. This policy describes the medical necessity guidelines Mass General Brigham Health Plan uses to determine eligibility for these devices.

Criteria

FDA-approved, single chamber right ventricular leadless cardiac pacemakers (e.g., Medtronic Micra™ VR or Abbott Aveir™ VR) are considered medically necessary when all of the following criteria are met:

- The member meets one of the following:
 - The member has symptomatic bradycardia caused by paroxysmal or permanent high-grade atrioventricular (AV) block; or
 - The member has symptomatic bradycardia-tachycardia syndrome or sinus node dysfunction (sinus bradycardia or sinus pauses); and
- The member has a significant contraindication precluding placement of conventional pacemaker leads such as:
 - A history of endovascular or cardiovascular implantable electronic device (CIED) infection or at high risk for infection; or
 - Limited access for transvenous pacing given venous anomaly, occlusion of axillary veins or planned use of such veins for semi-permanent catheter or current or planned use of AV fistula for hemodialysis; or
 - The presence of a bioprosthetic tricuspid valve.

Exclusions

- Leadless cardiac pacemakers that are not FDA-approved
- Leadless cardiac pacemakers for all other indications
- Dual chamber, left ventricular, or atrial leadless cardiac pacemakers for all indications.
- Inferior vena cava filter in place
- Mechanical tricuspid valve

Medicare Variation

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for medical necessity determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance for the requested service, Mass General Brigham Health Plan’s medical policies are used for medical necessity determinations. **At the time of Mass General Brigham Health Plan’s most recent policy review, CMS had the following guidelines:**

- [NCD - Leadless Pacemakers \(20.8.4\)](#)
- [Article - Billing and Coding: Leadless Pacemakers \(A59819\)](#)

MassHealth Variation

Mass General Brigham Health Plan uses guidance from MassHealth for medical necessity determinations for its Mass General Brigham ACO members. When there is no guidance for the request service, Mass General Brigham Health Plan’s medical policies are used for medical necessity determinations. **At the time of Mass General Brigham Health Plan’s most recent policy review, MassHealth did not consider leadless cardiac pacemakers to be payable.**

One Care and SCO Variation

Mass General Brigham Health Plan uses guidance from CMS for medical necessity determinations for its One Care and SCO plan members. NCDs, LCDs, LCAs, and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan uses medical necessity guidelines from MassHealth. When there is no guidance from CMS or from MassHealth, Mass General Brigham Health Plan’s medical policies are used for medical necessity determinations.

Codes

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage or reimbursement.

Authorized Code	Code Description
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed

Effective Dates

January 2026: Effective date.

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