

Cardiac Devices

DME.CD.101.A

v1.0.2026

Introduction

Cardiac devices are addressed in this guideline.

Health Equity Consideration

Health equity is the highest level of health for all individuals; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which individuals are born, grow, live, work, and age. Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include the following: safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

Criteria

Pacemaker monitors are considered medically necessary with documentation of **both** of the following:

- The individual has a cardiac pacemaker.
- The individual or their caretaker is able to use the monitoring device.

Evidence Discussion

A 2025 systematic literature search by Yan et al. on home-based self-management for individuals with permanent pacemaker implantation found that effective outpatient and remote monitoring is essential for reducing device-related complications and supporting long-term function of cardiac implantable electronic devices (CIEDs). The review identified seven key domains (complication surveillance, electromagnetic interference avoidance, structured exercise and limb-use precautions, routine follow-up schedules, identity/role adaptation, and psychological support), all of which directly influence safe operation of pacemakers and associated monitoring equipment. Evidence highlighted that inadequate self-management after implantation increases risks such as infection, lead dislodgement, and unrecognized battery depletion, underscoring the importance of routine device checks and remote monitoring, particularly 1–3 months post-implantation

and at least annually thereafter. The authors concluded that standardized education and integration of remote follow-up technologies are critical to ensuring device reliability, improving adherence to monitoring protocols, and ultimately enhancing quality of life for individuals dependent on pacemaker-based cardiac rhythm management.

A 2018 review by Rosman et al. showed that individuals with pacemakers, implantable cardioverter defibrillators (ICDs), or cardiac resynchronization therapy (CRT) devices benefit substantially from remote monitoring systems, which transmit diagnostic and device-status data from the home to the clinical team at scheduled intervals, reducing the need for frequent in-person visits and enabling earlier detection of clinically relevant problems. Remote monitors were described as small, portable units that automatically collect information such as rhythm abnormalities, device performance, and battery status, thereby facilitating continuous oversight of CIEDs between clinic appointments and improving individuals' confidence and engagement in their care. The authors emphasized that these systems support safer long-term management by shortening the time to clinical decision-making when device alerts occur, optimizing treatment plans, and reducing unnecessary travel burden for individuals with chronic rhythm disorder.

Codes

HCPCS code descriptions

HCPCS Code	Description
E0610	Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems)
E0615	Pacemaker monitor, self contained, checks battery depletion and other pacemaker components, includes digital/visible check systems
K1030	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only

References

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