

PPM Implantation Medical Indications Verification

All Criteria must be met and documented in the medical record

Physician: _____

Implant Date: _____

Implant: ☐ Single ☐ Dual* ☐ Biventricular

☐ New Implant ☐ End of Life ☐ Upgrade

Indications for SINGLE CHAMBER Pacemaker

- | | |
|---|---|
| <input type="checkbox"/> Acquired complete AV heart block | Correlation between sx and brady documented or sx clearly attributed to brady rather than other cause. |
| <input type="checkbox"/> Congenital complete heart block w severe brady or significant physiological deficits or significant sx due to brady | |
| <input type="checkbox"/> 2 nd degree heart block Type II | |
| <input type="checkbox"/> 2 nd degree heart block Type I w significant sx due to hemodynamic instability associated with heart block | |
| <input type="checkbox"/> 2 nd degree heart block Type I w prolonged QRS complexes | |
| <input type="checkbox"/> Sinus brady associated w major sx (syncope, seizures, HF) | |
| <input type="checkbox"/> Significant sinus brady (HR < 50) w dizziness or confusion. | |
| <input type="checkbox"/> Sinus brady (HR 50-59) w dizziness or confusion | |
| <input type="checkbox"/> Sinus brady w syncope, seizures, HF, dizziness, or confusion resulting from long-term drug treatment for which there is no alternative. | |
| <input type="checkbox"/> Sinus node dysfunction w or w/o tachyarrhythmias or AV Block. (e.g. brady-tachy syndrome, sinoatrial block, sinus arrest) when accompanied by significant sx (e.g. syncope, seizures, HF, dizziness or confusion) | |
| <input type="checkbox"/> Sinus node dysfunction w or w/o sx when is potentially life-threatening ventricular arrhythmia or VT secondary to bradycardia. (e.g. numerous ventricular contractions, couplets, runs of PVCs or VT). | |
| <input type="checkbox"/> Brady associated w SVT (e.g. AFib, Aflutter, or PAT) w high-degree AV block that is unresponsive to appropriate pharmacological management & bradycardia is associated w significant sx (e.g. syncope, seizures, HF, dizziness, confusion) | |
| <input type="checkbox"/> Hypersensitive carotid sinus syndrome w syncope due to bradycardia and unresponsive to prophylactic medical measures | |
| <input type="checkbox"/> Bifascicular or trifascicular block w syncope, attributed to transient complete heart block after other plausible causes of syncope are ruled out | |
| <input type="checkbox"/> Prophylactic PPM use following recovery from AMI during which there was temporary complete and/or Mobitz Type II AV block in association w bundle branch block. | |
| <input type="checkbox"/> Recurrent and refractory VT, "override pacing" (pacing above basal rate) to prevent VT. | |

Indications for DUAL CHAMBER Pacemaker

- | |
|--|
| <input type="checkbox"/> Definitive drop in blood pressure, retrograde conduction or discomfort demonstrated and documented with single chamber (ventricular pacing) pacemaker insertion |
| <input type="checkbox"/> Pacemaker syndrome (atrial ventricular asynchrony) in patients w a pacemaker replacement who have experienced significant symptoms. |
| <input type="checkbox"/> Patients in whom even a relatively small increase in cardiac efficiency will improve quality of life e.g. HF despite adequate other medical measures. |
| <input type="checkbox"/> Patients in whom pacemaker syndrome is anticipated (e.g. young and active people) |

NONCOVERED Dual Chamber Indications

- Ineffective atrial contractions (eg chronic AFib or Aflutter, giant left atrium)
- Frequent or persistent SVT's except where the PPM is specifically for the control of the tachycardia
- Condition in which pacing occurs only intermittently and briefly, that is not associated w reasonable likelihood that pacing needs will become prolonged (e.g. hypersensitive carotid sinus syndrome w syncope due to brady & unresponsive to medical measures)
- Prophylactic PPM use s/p AMI during which there was temp complete and/or Type II block in association w BBB.

Physician Signature: _____ Date: _____ Time: _____

Abbreviations

PPM Permanent Pacemaker
Brady Bradycardia

sx symptoms
w with
HR Heart Rate

wo without

Patient Label