



**PACEMAKER AND ICD PLACEMENT AND EP/ABLATION
 Hospital Level of Care Checklist**

	YES	NO
Urgent implantation of any device	<input type="checkbox"/>	<input type="checkbox"/>
Acute admission related to onset of symptom or detection of a potentially serious condition, i.e., syncope, heart block, ventricular tachycardia, lead fracture	<input type="checkbox"/>	<input type="checkbox"/>
Resynchronization therapy (CRT) device implant	<input type="checkbox"/>	<input type="checkbox"/>
Device implanted during hospitalization for another problem	<input type="checkbox"/>	<input type="checkbox"/>
Lead extraction as part of the implantation or reimplant procedure	<input type="checkbox"/>	<input type="checkbox"/>
Complex anticoagulation needs (require admission for the peri-surgical management of these anticoagulation issues)	<input type="checkbox"/>	<input type="checkbox"/>
PPM/ICD implant or EP/ablation with uncontrolled co-morbidities (including but not limited to, renal insufficiency, angina, heart failure, severe COPD, and electrolyte disturbances) ** MD must clearly document in the medical record the co-morbidities, whether they are uncontrolled or of a recent onset, and the treatment plan to address these issues.	<input type="checkbox"/>	<input type="checkbox"/>
New ICD implants or undergoing generator replacement with concomitant lead replacement who are NYHA Class 2, 3, or 4, and who receive DFT testing (if DFT not performed, documentation and treatment plan of the reason to not perform DFT testing must be present to support admission status).	<input type="checkbox"/>	<input type="checkbox"/>
AVJ ablation and acute device implant due to the need for extended monitoring for potentially lethal arrhythmias	<input type="checkbox"/>	<input type="checkbox"/>

Otherwise stable patients, except as noted above, who are registered as an outpatient for a device and stay over one night in the hospital should be considered an outpatient, unless a complication develops during or following device implantation that requires a longer than expected hospital stay. When an inpatient stay (upgrade) is warranted, the timely entry of the physician order into Sunrise is critical.

If ANY box above is checked "YES" then INPATIENT is appropriate. If ALL boxes are checked "NO" then OUTPATIENT is appropriate. The determination of appropriate medical necessity for inpatient admission is a clinical decision only made by the attending MD and justified by supporting documentation. The list above is not inclusive of all situations.

FINAL DETERMINATION INPATIENT OUTPATIENT

 Provider Signature

 Date

 Time