Fact Sheet: ICD Registry Transitions

Since January 2005, providers have been required to submit registry data when implanting implantable cardioverter defibrillators (ICDs) in Medicare beneficiaries for the primary prevention of sudden cardiac arrest. The National Coverage Determination (NCD) discusses in detail the clinical characteristics for primary prevention and the data reporting requirement for those populations. The NCD is available on the web at www.cms.hhs.gov/coverage.

So that data collection could begin as soon as possible after the January 2005 decision, CMS established the ICD Abstraction Tool through the Quality Network Exchange (QNet), which met the data reporting requirements outlined in the NCD. However, CMS intended this ICD Abstraction Tool to be temporary until a more complete and sophisticated registry became available.

In October 2005, CMS determined that the American College of Cardiology – National Cardiovascular Data Registry (ACC-NCDR)'s ICD Registry™ satisfies Medicare's requirements for reporting data on primary prevention ICDs. Since the ACC-NCDR is now available, the ICD Abstraction Tool through QNet will stop accepting data on April 30, 2006. In order for providers to continue to satisfy the NCD requirements for primary prevention ICDs they will need to transition out of QNet and begin using ACC-NCDR.

Hospitals will need to work with the ACC-NCDR directly regarding participation. Information is available on the web at http://www.accncdr.com/webncdr/ICD or by telephone at 1-800-253-4636, ext. 451.

Below are some of the frequently asked questions about complying with Medicare data reporting requirements by transitioning to the ACC-NCDR ICD Registry™.

Q.   What is the ACC-NCDR®?

A.   The American College of Cardiology National Cardiovascular Data Registry (ACC-NCDR®) is a comprehensive cardiac and data repository for three national registries: the CathPCI Registry™, the CarotidStent Registry™, and the ICD Registry™. The ICD Registry™ was developed in partnership with the Heart Rhythm Society and is designed for participation by hospitals. It collects detailed information on ICD implantations and has as one of its missions helping hospitals meet CMS requirements.

Q.   How do hospitals participate?

A.   Hospitals must contact the ACC-NCDR® directly and begin the application process no later than January 1, 2006 in order to ensure that they can complete enrollment before April 1, 2006. Additional information about participation is available on the ACC-NCDR® web site at http://www.accncdr.com/webncdr/ICD, or by telephone (800) 253-4636, ext. 451.

Q.   Does the ACC-NCDR® meet Medicare's data reporting requirements for primary prevention ICDs?

A.   Yes. The ACC-NCDR® is an approved registry and meets the data reporting requirements for all primary prevention indications listed in the ICD National Coverage Determination, available

online at www.cms.hhs.gov/coverage.

Q.   Do hospitals have to submit ICD data to both the QNet registry and the ACC-NCDR®?

A.   No. Temporarily, data submission to either registry is appropriate. The QNet registry will sunset on April 30, 2006 and after that date will no longer be available for data reporting. Therefore hospitals should transition out of QNet by April 1, 2006. (The QNet registry will remain operational during the month of April to confirm that all hospitals have enrolled with ACC-NCDR® before disabling the existing QNet tool.)

Q.   Will hospitals and other providers be required to enter follow-up data into the ICD Registry™?

A.   The ICD Registry™ contains two sets of questions, beginning with a basic set of questions to capture information at the time of ICD implantation. Hospitals will be required to submit information to the "basic" registry at the time of ICD implantation in order to receive Medicare payment. It will also include a "longitudinal" registry that will capture follow-up data on the patient. Providers are encouraged to submit follow-up data through the "longitudinal" registry, but this will not be required by Medicare.

Q.   Following its initial January 2005 coverage decision, CMS required providers to report ICD data through the QNet's ICD Abstraction Tool. Should hospitals continue to use the ICD Abstraction Tool?

A.   Hospitals should continue to enter data into the ICD Abstraction Tool until they have registered with ACC-NCDR® and have transitioned to its ICD Registry™. Hospitals will not be required to enter data into both registries at the same time. However, because CMS will no longer accept data from QNet as of April 30, 2006, hospitals are encouraged to begin their transition away from the QNet tool as early as possible, but no later than April 1, 2006.

Q.   A number of hospitals have not been submitting data to the QNet's ICD Data Abstraction Tool regularly. Will these non-compliant hospitals be required to submit retroactive data?

A.   Yes. In accordance with the ICD NCD, hospitals must submit data on all ICD implantations that were performed for primary prevention and occurred on or after January 27, 2005. If hospitals have not yet entered this data to the QNet's ICD Abstraction Tool, they are expected to enter that data retroactively; however, they are encouraged to wait until they have transitioned to the ACC-NCDR® ICD Registry™ in order to submit this data.

Q.   Why has CMS decided to discontinue use of the QNet's ICD Abstraction Tool?

A.   When CMS announced the ICD data-reporting requirement in January 2005—via the National Coverage Determination process—hospitals were instructed to begin submitting data to the QNet's ICD Abstraction Tool. This tool allowed CMS to begin obtaining ICD data as soon as possible by using the existing contract with the Iowa Foundation for Medical Care. From its inception, this data collection plan was deemed temporary until CMS could research ICD utilization characteristics further and ultimately re-define its data collection requirements.

After obtaining feedback from cardiology specialty societies, product manufacturers, health plans, and clinical experts, CMS determined that the ICD Abstraction Tool did not answer several key

questions about whether ICD use was the most appropriate treatment for particular members of the Medicare population.   Conversely, ACC-NCDR®'s ICD Registry™ provides more valuable information for us to monitor ICD utilization, thus ensuring that this technology is part of a high quality treatment plan when medically necessary to prevent sudden cardiac death.

Q.   Will the data already submitted to the QNet be linked to the information in ACC-NCDR®'s ICD Registry™?

A.   CMS will work with QNet to link the information submitted to the ICD Abstraction Tool to ACC-NCDR®'s ICD Registry™. CMS intends for all QNet data to be provided to ACC-NCDR®.

Q.   Who can I contact in CMS if I have additional questions about meeting the data collection requirements stipulated in the January 2005 national coverage determination?

A.   If you have questions about CMS' national coverage determination, please contact Ms. JoAnna Baldwin via e-mail at JoAnna.Baldwin@cms.hhs.gov.