MetroPlus Health

Policy and Procedure

Title: Automatic External Defibrillators	Division: Medical Management Department: Utilization Management
Approval Date: 7/20/17	LOB: Medicaid, Medicare, Ultracare, HIV SNP, CHP, MetroPlus Gold, Goldcare I&II, Market Plus, Essential, HARP
Effective Date: 7/20/17	Policy Number: UM-MP201
Review Date: 7/25/2022	Cross Reference Number:
Retired Date:	Page 1 of 7

1. **POLICY DESCRIPTION:**
   Automatic External Defibrillators

2. **RESPONSIBLE PARTIES:**
   Medical Management Administration, Utilization Management, Integrated Care Management, Pharmacy, Claim Department, Providers Contracting.

3. **DEFINITIONS:**

Abbreviation	Description
EP	Electrophysiologic study
LVEF	Left ventricular ejection fraction
MI	Myocardial infarction
SCD	Sudden cardiac death
VF	Ventricular fibrillation
VT	Ventricular tachycardia

4. **POLICY:**
   Automatic external defibrillators are covered for members with the DME benefit who are at high risk for SCD due to one of the conditions described under Section I or II. It is expected that the ordering physician be experienced in the management of patients at risk for SCD.

   I. Wearable defibrillator (K0606); one of the criteria must be met:
   1. Documented ventricular fibrillation (VF) episode or a sustained ventricular tachyarrhythmia (VT) (> 30 seconds). These dysrhythmias may be either spontaneous or induced during an electrophysiologic (EP) study, but may not be due to a transient or reversible cause and not occur during the first 48 hours of an acute myocardial infarction (MI);
   2. Familial or inherited conditions with a high risk of life-threatening VT (i.e., long QT syndrome or hypertrophic cardiomyopathy);
   3. Either documented prior MI or dilated cardiomyopathy and a measured left ventricular ejection fraction (LVEF) ≤ 35%;
   4. Members that satisfy requirements for an implanted cardioverter defibrillator (ICD), but have a temporary contraindication or are awaiting heart transplantation
   5. A previously implanted cardioverter defibrillator (ICD) now requires explantation (e.g. ICD system defect or infection caused by ICD)

After the initial 120 days of treatment, a new fiscal order must be written for the remaining 180 days. The prior approval request must include documentation of compliance with the treatment plan inclusive of, but not limited to, the read out downloaded from the defibrillator and continued coverage as stated in II, Criteria for Coverage.

II. Nonwearable defibrillator (E0617) is covered in two circumstances, (1) both criteria 1 and 2 must be met or criteria 3 is met

1. **The member has one of the following conditions:**
    - **i.** A documented episode of cardiac arrest due to ventricular fibrillation (VF), not due to a transient or reversible cause
    - **ii.** A sustained VT (> 30 seconds) either spontaneous or induced during an EP study, not associated with acute MI and not due to a transient or reversible cause
    - **iii.** Familial or inherited conditions with a high risk of life-threatening VT (i.e., long QT syndrome or hypertrophic cardiomyopathy)
    - **iv.** Coronary artery disease with a documented prior MI, measured LVEF ≤ 35% and inducible, sustained VT or VF during an EP study. To meet this criterion, both of the following must apply:
        1. The MI must have occurred > 4 weeks prior to the external defibrillator prescription
        2. The EP test must have been performed > 4 weeks after the qualifying MI
    - **v.** Documented prior MI and a measured LVEF ≤ 30%. Members must not have any of the following:
        1. Cardiogenic shock or symptomatic hypotension while in a stable baseline rhythm
        2. Coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty within the past 3 months
        3. Enzyme-positive MI within 40 day
        4. Clinical symptoms or findings that would make them candidates for coronary revascularization
        5. Irreversible brain damage from pre-existing cerebral disease
        6. Any disease other than cardiac disease (i.e., cancer, uremia, liver failure) associated with a likelihood of survival < 1 year
    - **vi.** Ischemic dilated cardiomyopathy (IDCM), documented MI, New York Heart Association (NYHA) Class II and III heart failure and measured LVEF ≤ 35%
    - **vii.** Nonischemic dilated cardiomyopathy (NIDCM) for > 3 months, NYHA Class II and III heart failure and measured LVEF ≤ 35%

viii. One of the previous criteria in this section (i-vii) and NYHA Class IV heart failure.

AND

2. Implantation surgery is contraindicated.

OR

3. A previously implanted ICD now requires explantation (e.g. ICD system defect or infection caused by ICD).

5. APPLICABLE PROCEDURE CODES:

CPT	Description
93745	Initial set-up and programming by a physician or other qualified health care professional of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events
K0606	Automatic external defibrillator with integrated electrocardiogram analysis, garment type
K0607	Replacement battery for automated external defibrillator, garment type only, each
K0608	Replacement garment for use with automated external defibrillator, each
K0609	Replacement electrodes for use with automated external defibrillator, garment type only, each
E0617	External defibrillator with integrated electrocardiogram analysis

6. APPLICABLE DIAGNOSIS CODES:

CODE	Description
A18.84	Tuberculosis of heart
I21.A1	Myocardial infarction type 2 (Eff. 07/01/2017)
I21.A9	Other myocardial infarction type (Eff. 07/01/2017)
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery

I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery
I21.29	ST elevation (STEMI) myocardial infarction involving other sites
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site
I21.4	Non-ST elevation (NSTEMI) myocardial infarction
I21.9	Acute myocardial infarction, unspecified
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall
I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site
I25.2	Old myocardial infarction
I42.0	Dilated cardiomyopathy
I42.1	Obstructive hypertrophic cardiomyopathy
I42.2	Other hypertrophic cardiomyopathy
I42.3	Endomyocardial (eosinophilic) disease
I42.4	Endocardial fibroelastosis
I42.5	Other restrictive cardiomyopathy
I42.6	Alcoholic cardiomyopathy
I42.7	Cardiomyopathy due to drug and external agent
I42.8	Other cardiomyopathies
I42.9	Cardiomyopathy, unspecified
I43	Cardiomyopathy in diseases classified elsewhere
I45.81	Long QT syndrome
I46.2	Cardiac arrest due to underlying cardiac condition
I46.8	Cardiac arrest due to other underlying condition
I46.9	Cardiac arrest, cause unspecified
I47.0	Re-entry ventricular arrhythmia
I47.1	Supraventricular tachycardia
I47.2	Ventricular tachycardia
I47.9	Paroxysmal tachycardia, unspecified
I49.01	Ventricular fibrillation
I49.02	Ventricular flutter

I49.2	Junctional premature depolarization
I50.1	Left ventricular failure, unspecified (Revised on 07/01/2017)
I50.20	Unspecified systolic (congestive) heart failure
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.30	Unspecified diastolic (congestive) heart failure
I50.31	Acute diastolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.33	Acute on chronic diastolic (congestive) heart failure
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.810	Right heart failure, unspecified (Eff. 07/01/2017)
I50.811	Acute right heart failure (Eff. 07/01/2017)
I50.812	Chronic right heart failure (Eff. 07/01/2017)
I50.813	Acute on chronic right heart failure (Eff. 07/01/2017)
I50.814	Right heart failure due to left heart failure (Eff. 07/01/2017)
I50.82	Biventricular heart failure (Eff. 07/01/2017)
I50.83	High output heart failure (Eff. 07/01/2017)
I50.84	End stage heart failure (Eff. 07/01/2017)
I50.89	Other heart failure (Eff. 07/01/2017)
I50.9	Heart failure, unspecified
I51.7	Cardiomegaly
T82.110A	Breakdown (mechanical) of cardiac electrode, initial encounter
T82.111A	Breakdown (mechanical) of cardiac pulse generator (battery), initial encounter
T82.118A	Breakdown (mechanical) of other cardiac electronic device, initial encounter
T82.119A	Breakdown (mechanical) of unspecified cardiac electronic device, initial encounter
T82.120A	Displacement of cardiac electrode, initial encounter
T82.121A	Displacement of cardiac pulse generator (battery), initial encounter
T82.128A	Displacement of other cardiac electronic device, initial encounter
T82.129A	Displacement of unspecified cardiac electronic device, initial encounter
T82.190A	Other mechanical complication of cardiac electrode, initial encounter

T82.191A	Other mechanical complication of cardiac pulse generator (battery), initial encounter
T82.198A	Other mechanical complication of other cardiac electronic device, initial encounter
T82.199A	Other mechanical complication of unspecified cardiac device, initial encounter
T82.6XXA	Infection and inflammatory reaction due to cardiac valve prosthesis, initial encounter
T82.7XXA	Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts, initial

7. REFERENCES:

ACC/AHA/ESC. Guidelines for Management of Patients With Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death: A Report of the American College of Cardiology/American Heart Association Task Force and the European Society of Cardiology Committee for Practice Guidelines. 2006. http://circ.ahajournals.org/content/114/10/1088.full.pdf. Accessed May 1, 2017.

CMS LCD for Automatic External Defibrillators (L33690). Jan 2020. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33690&ver=20&bc=0 Accessed Jul. 25, 2022.
Specialty-matched clinical peer review.

8. REVISION LOG:

REVISIONS	DATE
Creation date	7/20/2017
Annual Review	10/25/19
Annual Review	10/2/20
Annual Review	9/1/21
Annual Review	7/25/22

Approved:	Date:	Approved:	Date:
Glendon Henry Digitally signed by Glendon Henry Date: 2022.07.26 07:39:51 -04'00'		Sanjiv Shah MD Digitally signed by Sanjiv Shah MD Date: 2022.08.03 07:37:07 -04'00'	
Glendon Henry, MD **Sr. Medical Director**		**Sanjiv Shah, MD** **Chief Medical Officer**	

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Medical Guideline Disclaimer:

 The treating physician or primary care provider must submit MetroPlus Health Plan clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, Metroplus Health Plan will not be able to properly review the request for prior authorization. The clinical review criteria expressed in this policy reflects how MetroPlus Health Plan determines whether certain services or supplies are medically necessary. MetroPlus Health Plan established the clinical review criteria based upon a review of currently available clinical information(including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). MetroPlus Health Plan expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered andor paid for by MetroPlus Health Plan, as some programs exclude coverage for services or supplies that MetroPlus Health Plan considers medically necessary. If there is a discrepancy between this guidelines and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members.

All coding and website links are accurate at time of publication.

MetroPlus Health Plan has adopted the herein policy in providing management, administrative and other services to our members, related to health benefit plans offered by our organization.