

MEDICAL POLICY	Automatic External Defibrillators (AED)	
Effective Date: 9/1/2020  <div style="text-align: right;">9/1/2020</div>	Section: DME	Policy No: 196
	Medical Policy Committee approved Date: 1/05; 5/06; 9/08; 1/10; 1/12; 7/13; 10/14; 10/15, 6/16; 8/17; 12/18; 5/19; 8/2020	
Medical Officer	Date	

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

All lines of business

BENEFIT APPLICATION

Medicaid Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

POLICY CRITERIA

This policy is primarily based on the Centers for Medicare & Medicaid Services Local Coverage Determination (LCD) [L33690](#): Automatic External Defibrillators,¹ and Local Coverage Article (LCA) [A52458](#): Automatic External Defibrillators.²

Note: For non-Medicare members only, mental status testing [such as the Saint Louis University Mental Status (SLUMS) exam or other validated test] should be completed to evaluate for dementia. Dementia screening must be completed prior to the Formal Palliative Care consult so that results are available for inclusion in the consultation.

Coverage Criteria

Automatic external defibrillators may be considered **medically necessary and covered** for patients at high risk for sudden cardiac death (SCD) due to one of the conditions described under criteria I or

II below. It is expected the ordering physician be experienced in the management of patients at risk for SCD.

- I. A wearable defibrillator (K0606) is covered for patients if they meet **any one** of the criteria (A-D) described below:
 - A. A documented episode of ventricular fibrillation or a sustained, lasting 30 seconds or longer, ventricular tachyarrhythmia. These dysrhythmias may be either spontaneous or induced during a 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; **or**
 - B. Familial or inherited conditions with a high risk of life-threatening ventricular tachyarrhythmia's such as long QT syndrome or hypertrophic cardiomyopathy; **or**
 - C. Either documented prior myocardial infarction or dilated cardiomyopathy and a measured left ventricular ejection fraction less than or equal to 0.35; **or**
 - D. A previously implanted defibrillator now requires explanation.

- II. A non-wearable automatic defibrillator (E0617) is covered for patients in two circumstances. They meet either both criteria A and B **or** criteria C:
 - A. The patient has one of the following conditions (1-8):
 1. A documented episode of cardiac arrest due to ventricular fibrillation, not due to a transient or reversible cause; **or**
 2. A sustained, lasting 30 seconds or longer, ventricular tachyarrhythmia, either spontaneous or induced during an electrophysiologic (EP) study, not associated with acute myocardial infarction, and not due to a transient or reversible cause; **or**
 3. Familial or inherited conditions with a high risk of life-threatening ventricular tachyarrhythmias such as long QT syndrome or hypertrophic cardiomyopathy; **or**
 4. Coronary artery disease with a documented prior myocardial infarction with a measured left ventricular ejection fraction less than or equal to 0.35, and inducible, sustained ventricular tachycardia (VT) or ventricular fibrillation (VF) during an EP study. To meet this criterion:
 - a. The myocardial infarction must have occurred more than 4 weeks prior to the external defibrillator prescription; **and**
 - b. The EP test must have been performed more than 4 weeks after the qualifying myocardial infarction.
 5. Documented prior myocardial infarction and a measured left ventricular ejection fraction less than or equal to 0.30. Patients must **not** have:
 - a. Cardiogenic shock or symptomatic hypotension while in a stable baseline rhythm; **or**
 - b. Had a coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) within the past 3 months; **or**
 - c. Had an enzyme-positive MI within the past month; **or**
 - d. Clinical symptoms or findings that would make them a candidate for coronary revascularization; **or**

- e. Irreversible brain damage from pre-existing cerebral disease; **or**
- f. Any disease, other than cardiac disease (e.g., cancer, uremia, liver failure) associated with a likelihood of survival less than one year.
6. Patients with ischemic dilated cardiomyopathy (IDCM), documented prior myocardial infarction (MI), New York Heart Association (NYHA) Class II or III heart failure, and measured left ventricular ejection fraction (LVEF) $\leq 35\%$; **or**
7. Patients with nonischemic dilated cardiomyopathy (NIDCM) > 3 months, NYHA Class II or III heart failure, and measured LVEF $< 35\%$; **or**
8. Patients who meet one of the previous criteria (1-7) and have NYHA Class IV heart failure.
- B. Implantation surgery is contraindicated.
- C. A previously implanted defibrillator now requires explanation

Non-coverage Criteria

- III. A wearable external defibrillator (K0606) is **not medically necessary and is not covered** when criterion I. above is not met.
- IV. A non-wearable automatic defibrillator (E0617) is **not medically necessary and is not covered** when criterion II. above is not met.
- V. Automatic external defibrillators sold over the counter for home use as a safety item are considered **not medically necessary and are not covered** because they do not meet the definition of covered durable medical equipment. Safety items that are normally of use in the absence of illness or injury do not meet the definition of durable medical equipment.

BILLING GUIDELINES

Note: Billing guidelines are based on the coding guidelines listed in the Local Coverage Article (LCA) [A52458: Automatic External Defibrillators](#).²

- Non-wearable, automatic external defibrillators with integrated electrocardiogram capability are coded using HCPCS code E0617.
- Wearable, automatic, external defibrillators with integrated electrocardiogram analysis are coded using HCPCS code K0606.
- Other types of defibrillators are coded as A9270. No separate payment is made for carrying cases or mounting hardware.
- Replacement supplies and accessories for use with K0606 are coded using K0607, K0608, and K0609 as appropriate.

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- Replacement supplies and accessories for use with E0617 are coded using A9999.
- The KF modifier must be added to claim lines for codes K0606 and E0617 only if the device is classified by the Food and Drug Administration as a class III device.

CPT/HCPCS CODES

All Lines of Business	
No Prior Authorization Required	
E0617	External defibrillator with integrated electrocardiogram analysis
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
Unlisted Codes	
All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy prior-authorization is required.	
A9999	Miscellaneous DME supply or accessory, not otherwise specified

DESCRIPTION

Automatic external defibrillators are devices that are capable of monitoring cardiac rhythms, detecting dysrhythmias, and delivering a defibrillation shock to the heart when appropriate without any user decision-making.

Myocardial infarctions are defined by elevated cardiac enzymes or Q-waves on an electrocardiogram.

Ejection Fractions must be measured by angiography, radionuclide scanning or echocardiography.

Transient or reversible causes include conditions such as drug toxicity, severe hypoxia, acidosis, hypokalemia, hypercalcemia, hyperkalemia, systematic infections, and myocarditis (not all-inclusive).

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to

determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days' notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case.

REFERENCES

1. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Automatic External Defibrillators (L33690). <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33690>. Published 2015. Accessed 6/1/2020.
2. Centers for Medicare & Medicaid Services. Local Coverage Article: Automatic External Defibrillators - Policy Article (A52458). <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52458>. Published 2015. Accessed 6/1/2020.