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| <b>Title: Automatic External Defibrillators</b> | <b>Division: Medical Management</b><br><b>Department: Utilization Management</b>   |
| <b>Approval Date: 7/20/17</b>                   | <b>LOB: Medicaid, Medicare, Ultracare, HIV SNP, CHP, MetroPlus Gold, Goldcare I&amp;II, Market Plus, Essential, HARP</b> |
| <b>Effective Date: 7/20/17</b>                  | <b>Policy Number: UM-MP201</b>   |
| <b>Review Date: 7/25/2023</b>                   | <b>Cross Reference Number:</b>   |
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**1. POLICY DESCRIPTION:**

Automatic External Defibrillators

**2. RESPONSIBLE PARTIES:**

Medical Management Administration, Utilization Management, Integrated Care Management, Pharmacy, Claim Department, Providers Contracting.

**3. DEFINITIONS:**

| <b>Abbreviation</b> | <b>Description</b>                 |
|---------------------|------------------------------------|
| 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)  $\leq$  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)

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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  $\leq$  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  $\leq$  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  $\leq$  35%
- vii. Nonischemic dilated cardiomyopathy (NIDCM) for > 3 months, NYHA Class II and III heart failure and measured LVEF  $\leq$  35%

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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   |
|--------|---|
| 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                                |

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|----------|---|
| I21.4    | Non-ST elevation (NSTEMI) myocardial infarction   |
| 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   |
| I42.1    | Obstructive hypertrophic cardiomyopathy   |
| I42.2    | Other hypertrophic cardiomyopathy   |
| 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   |
| I47.20   | Ventricular tachycardia, unspecified  |
| I47.21   | Torsades de pointes   |
| I47.29   | Other ventricular tachycardia   |
| I49.01   | Ventricular fibrillation  |
| I49.02   | Ventricular flutter   |
| 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 encounter |
| A18.84   | Tuberculosis of heart   |

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|        |   |
|--------|---|
| I21.01 | ST elevation (STEMI) myocardial infarction involving left main coronary artery                |
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| 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   |
| 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   |
| I47.20 | Ventricular tachycardia, unspecified  |
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|          |   |
|----------|---|
| I49.01   | Ventricular fibrillation  |
| I49.02   | Ventricular flutter   |
| T82.110A | Breakdown (mechanical) of cardiac electrode, initial encounter  |
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| 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 encounter |

## 7. REFERENCES:

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 Specialty-matched clinical peer review.



## Policy and Procedure

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### 8. REVISION LOG:

| <b>REVISIONS</b> | <b>DATE</b> |
|------------------|-------------|
| 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     |
| Annual Review    | 7/25/23     |

**Approved:**

**Date:**

**7/25/2023**

*Glendon Henry*

**Glendon Henry, MD**  
**Sr. Medical Director**

**Approved:**

**Date:**

**Sanjiv Shah, MD**  
**Chief Medical Officer**

### **Medical Guideline Disclaimer:**

Property of Metro Plus Health Plan. All rights reserved. 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 and/or paid for by MetroPlus Health Plan, as some programs exclude coverage for services or supplies that MetroPlus Health Plan considers medically necessary. If



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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.