Sentara Health Plans

Commercial

Subcutaneous and Substernal Implantable Cardioverter Defibrillator, Surgical 106

Table of Content

Description & Definitions
Criteria
Document History
Coding
Policy Approach and Special Notes
References
Keywords

Effective Date	11/1/2026
Next Review Date	07/2027
Coverage Policy	Surgical 106
Version	9

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *.

Description & Definitions:

Subcutaneous Implantable Cardioverter Defibrillator (S- ICD) is a device that is implanted under the skin (subcutaneous). It provides an electric shock to the heart (defibrillation) for the treatment of an abnormally rapid heartbeat that originates from the lower chambers of the heart.

Substernal Implantable Cardioverter-Defibrillator System (also known as extravascular ICD, EV-ICD) is an electronic device with a generator which is implanted under the left side rib cage with lead wires that reside under the sternum instead of through the veins, and closer to the heart. The device monitors abnormal heart rhythms; when detected a shock is sent to the heart to restore a normal rhythm, it also has the ability to deliver anti-tachycardia pacing (ATP) and bradycardia pacing or resynchronization therapy.

Criteria:

Subcutaneous Implantable Cardioverter Defibrillator (S- ICD) is medically necessary for **ALL** of the following:

- Individual with accepted clinical indications for an automatic implantable cardioverter defibrillator
- Individual for whom pacing for bradycardia or ventricular tachycardia (VT) termination is neither needed nor anticipated and **1 or more** of the following:
  - Individual has congenital heart disease with right to left shunting
  - Individual has limited access to the right ventricle
  - Individual has inadequate vascular access to allow for placement of an implantable device
  - Individual has no conventional pocket sight due to previous device related infections or other chronic indwelling catheters preventing access to a potential pocket site.

Subcutaneous Implantable Cardioverter Defibrillator (S- ICD) is considered **not medically necessary** for any use other than those indicated in clinical criteria.

Substernal Implantable Cardioverter-Defibrillator System (also known as extravascular ICD, EV-ICD) are considered experimental and investigational (T -codes).

Document History:

Revised Dates:

- 2026: July – Implementation date of November 1, 2026. Criteria updated references updated.
- 2026: June – Implementation date of Oct 01, 2026. Change language for Substernal Implantable Cardioverter-Defibrillator. Updated references.
- 2025: July – Implementation date of October 1, 2025. Annual review completed. Added non-coverage information for substernal ICDs including coding. No criteria changes for subcutaneous ICDs. References and coding updated as needed.
- 2022: July
- 2021: July
- 2019: December
- 2016: January, April
- 2015: July

Reviewed Dates:

- 2024: July – Annual review completed. No changes needed. References and coding updated as needed.
- 2023: July
- 2021: November
- 2020: November
- 2018: August
- 2017: December
- 2016: March
- 2015: March

Origination Date: April 2014

Coding:

Medically necessary with criteria:

Coding	Description
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed
33271	Insertion of subcutaneous implantable defibrillator electrode
33272	Removal of subcutaneous implantable defibrillator electrode
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode

Considered Not Medically Necessary:

Coding	Description
0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed
0572T	Insertion of substernal implantable defibrillator electrode
0573T	Removal of substernal implantable defibrillator electrode
0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode
0575T	Programming device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with iterative adjustment of the implantable device to test the

	function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional
0576T	Interrogation device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter
0577T	Electrophysiologic evaluation of implantable cardioverter-defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)
0578T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
0579T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results
0580T	Removal of substernal implantable defibrillator pulse generator only
0614T	Removal and replacement of substernal implantable defibrillator pulse generator

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Policy Approach and Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
    - Refer to Wearable External Cardioverter Defibrillators - DME 24 for LifeVest coverage
- Application to Products: Policy is applicable to Sentara Health Plan Commercial products.
- Authorization Requirements:
    - Pre-certification by the Plan is required.
    - **Please refer to Prior Authorization List for most up to date requirement** Search PAL List: Sentara Health Plans
- Special Notes:
    - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
    - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

References:

References used include but are not limited to the following: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Subcutaneous Implantable Cardioverter Defibrillator for Prevention of Sudden Cardiac Death. (2025, Dec 12). Retrieved Apr 29, 2026, from Hayes - a symplr company: https://evidence.hayesinc.com/report/dir.sicd2909

Keywords:

Subcutaneous Implantable Cardioverter Defibrillator, ICD, SHP Surgical 106, congenital heart disease, right to left shunting, Substernal implantable cardioverter-defibrillator system