

# Subcutaneous Implantable Cardioverter Defibrillator

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[Effective Date](#) 4/2014  
[Next Review Date](#) 7/15/2024  
[Coverage Policy](#) Surgical 106  
[Version](#) 5

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

## Purpose:

This policy addresses the medical necessity of Subcutaneous Implantable Cardioverter Defibrillator.

- Refer to Wearable External Cardioverter Defibrillators-DME 24 for LifeVest.
- Single chamber or dual chamber cardiac pacemakers and non-subcutaneous implantable cardiac defibrillators are covered without medical review.

## Description & Definitions:

**Subcutaneous Implantable Cardioverter Defibrillator** 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.

## Criteria:

**Subcutaneous Implantable Cardioverter Defibrillators** are 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 Defibrillators** are considered **not medically necessary** for any use other than those indicated in clinical criteria.

## 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
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

## Document History:

### Revised Dates:

- 2022: July
- 2021: July
- 2019: December
- 2016: January, April
- 2015: July

### Reviewed Dates:

- 2023: July
- 2021: November
- 2020: November
- 2018: August
- 2017: December
- 2016: March
- 2015: March

### Effective Date:

- April 2014

## References:

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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## 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.

## Keywords:

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