Sentara Health Plans

Commercial

Automated External Defibrillators (AED)

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Effective Date	08/2022
Next Review Date	8/2024
Coverage Policy	DME 63
Version	2

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 Automated External Defibrillators (AED) and their accessories.

Description & Definitions:

Automated external defibrillator (AED) also known as a portable cardioverter defibrillator is an electronic device that is attached to the chest area with adhesive electrode pads to deliver a shock when ventricular tachycardia or ventricular fibrillation is detected.

Criteria:

Automated External Defibrillator (AED) is considered medically necessary with **all of the** following:

- Individual has **1 or more** of the following conditions:
  - A documented episode of cardiac arrest due to ventricular fibrillation, not due to a transient or reversible cause
  - 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
  - Familial or inherited conditions with a high risk of life-threatening ventricular tachyarrythmias such as long QT syndrome or hypertrophic cardiomyopathy
  - 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 and **all of** the following:
    - The myocardial infarction must have occurred more than 4 weeks prior to the external defibrillator prescription
    - The EP test must have been performed more than 4 weeks after the qualifying myocardial infarction.
  - Documented prior myocardial infarction and a measured left ventricular ejection fraction less than or equal to 0.30 and **all of the** following:
    - No cardiogenic shock or symptomatic hypotension while in a stable baseline rhythm

        - No coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) within past 3 months
        - No enzyme-positive MI within past month
        - No clinical symptoms or findings that would make them a candidate for coronary revascularization
        - No irreversible brain damage from preexisting cerebral disease
        - No disease, other than cardiac disease (e.g. cancer, uremia, liver failure), associated with a likelihood of survival less than one year
    - Individual with ischemic dilated cardiomyopathy (IDCM), documented prior myocardial infarction (MI), New York Heart Association (NYHA) Class II and III heart failure, and measured left ventricular ejection fraction (LVEF) ≤ 35%.
    - Individual with nonischemic dilated cardiomyopathy (NIDCM) > 3 months, NYHA Class II and III heart failure, and measured LVEF ≤ 35%
    - NYHA Class IV heart failure and 1 or more of the following:
        - A documented episode of cardiac arrest due to ventricular fibrillation, not due to a transient or reversible cause
        - 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
        - Familial or inherited conditions with a high risk of life-threatening ventricular tachyarrythmias such as long QT syndrome or hypertrophic cardiomyopathy
        - 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 and all of the following:
            - The myocardial infarction must have occurred more than 4 weeks prior to the external defibrillator prescription
            - The EP test must have been performed more than 4 weeks after the qualifying myocardial infarction.
        - Documented prior myocardial infarction and a measured left ventricular ejection fraction less than or equal to 0.30 and all of the following:
            - No cardiogenic shock or symptomatic hypotension while in a stable baseline rhythm
            - No coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) within past 3 months
            - No enzyme-positive MI within past month
            - No clinical symptoms or findings that would make them a candidate for coronary revascularization
            - No irreversible brain damage from preexisting cerebral disease
            - No disease, other than cardiac disease (e.g. cancer, uremia, liver failure), associated with a likelihood of survival less than one year
        - Individual with ischemic dilated cardiomyopathy (IDCM), documented prior myocardial infarction (MI), New York Heart Association (NYHA) Class II and III heart failure, and measured left ventricular ejection fraction (LVEF) ≤ 35%.
        - Individual with nonischemic dilated cardiomyopathy (NIDCM) > 3 months, NYHA Class II and III heart failure, and measured LVEF ≤ 35%
- Automatic implantable cardioverter-defibrillator implantation surgery is currently not possible due to **1 or more** of the following:
    - Individual awaiting a heart transplantation. (Individual is on waiting list and meets medical necessity criteria for heart transplantation)
    - Individual with a previously implanted cardioverter defibrillator that requires explantation due to infection (e.g., device pocket or lead infection, endocarditis) with waiting period before reimplantation of an implantable cardioverter defibrillator
    - Individual with an infectious process or other temporary condition (e.g., recovery from surgery, lack of vascular access) that precludes immediate implantation of an implantable cardioverter defibrillator.

Coding:

Medically necessary with criteria:

Coding	Description
E0617	External defibrillator with integrated electrocardiogram analysis

Considered Not Medically Necessary:

Coding	Description
	None

Document History:

Revised Dates:

Reviewed Dates:

- 2023: August

Effective Date:

- August 2022

References:

Including but not limited to: 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.

MUST SEE MEMBER BENEFIT FOR DETERMINATION.
We only cover DME that is Medically Necessary and prescribed by an appropriate Provider. We also cover colostomy, ileostomy, and tracheostomy supplies, and suction and urinary catheters. We do not cover DME used primarily for the comfort and wellbeing of a Member. We will not cover DME if We deem it useful, but not absolutely necessary for Your care. We will not cover DME if there are similar items available at a lower cost that will provide essentially the same results as the more expensive items.

Pre-Authorization is Required for All Rental Items.

Pre-Authorization is Required for All Repair and Replacement.

Keywords:

SHP Automated External Defibrillators (AED), SHP Durable Medical Equipment 63, Implantation surgery, Coronary artery disease, Ischemic dilated cardiomyopathy, Nonischemic dilated cardiomyopathy, NYHA Class IV heart failure