Sentara® Health Plans

Commercial

Automated External Defibrillators (AED), DME 63

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Effective Date	10/1/2026
Next Review Date	6/2027
Coverage Policy	DME 63
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 *.

Description & Definitions:

Automated external defibrillator (AED) also known as a portable, non-wearable 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 (E0617) is considered medically necessary for **ALL** of the following:

- Individual for high risk for sudden cardiac death and
- Defibrillator is indicated for **1 or more** of the following:
  - A previously implanted defibrillator now requires surgical removal
  - Implantation surgery is contraindicated **(Temporary or permanent), and** individual has documentation of **1 or more** of the following conditions:
    - Episode of cardiac arrest due to ventricular fibrillation (VF), not due to a transient or reversible cause
    - Ventricular tachyarrhythmia (sustained, lasting 30 seconds or longer), 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 tachyarrhythmias 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.
    - Prior myocardial infarction and measured left ventricular ejection fraction (LVEF) 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
    - 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%.
    - Nonischemic dilated cardiomyopathy (NIDCM) for greater than 3 months, NYHA Class II and III heart failure, and measured LVEF ≤ 35%
    - NYHA Class IV heart failure

Document History:

Revised Dates:

- 2026: June – Implementation date of October 1, 2026. Changes made to criteria to condense and more clear verbiage.

Reviewed Dates:

- 2025: July – Implementation date of October 1, 2025. No changes references updated.
- 2024: August – no changes references updated
- 2023: August

Origination Date: August 2022

Coding:

Medically necessary with criteria:

Coding	Description
E0617	External defibrillator with integrated electrocardiogram analysis

Considered Not Medically Necessary:

Coding	Description
	None

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.

Special Notes: *

- Coverage:
  - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- 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:

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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LCD: Automatic External Defibrillators (L33690). (2020, Jan 01). Retrieved Apr 10, 2026, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33690&ver=20&keyword=external%20defibrillator&keywordType=starts&areaId=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1

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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