Sentara Health Plans

Medicare

Subcutaneous and Substernal Implantable Cardioverter Defibrillator, Surgical 106

Table of Content

Description & Definitions
Criteria
Document History
Coding
Special Notes
References
Keywords

Effective Date	11/1/2026
Next Review Date	7/2027
Coverage Policy	Surgical 106
Version	1

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.

Note: Acknowledging criteria from NCD Implantable Cardioverter Defibrillators (ICDs) 20.4v5 must first be met, this policy addresses special circumstances when a non- transvenous defibrillator may be considered. There are two types of non-transvenous defibrillators- subcutaneous (also called S-ICD) or substernal (also called EV-ICD or extra vascular ICD).

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 (refer to NCD 20.4v5)
- 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.

Document History:

Revised Dates:

Reviewed Dates:

Origination Date: November 2026

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

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.

Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
    - Criteria from NCD Implantable Cardioverter Defibrillators (ICDs) 20.4v5 must first be met, this policy addresses the special circumstances when a subcutaneous defibrillator might be utilized.
- Application to Products: Policy is applicable to Sentara Health Plan Medicare products.
- Authorization Requirements: Pre-certification by the Plan is required.
- Special Notes:
    - This medical policy expresses Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
    - 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.

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).

§ 870.1405 Interventional cardiovascular implant simulation software device. (2019, Dec 30). Retrieved Apr 29, 2026, from Code of Federal Regulations: https://www.ecfr.gov/current/title-21/section-870.1405

(2025, Jun 13). Retrieved Apr 29, 2026, from MCG 29th Edition: https://careweb.careguidelines.com/ed29/index.html

(2026, Apr 29). Retrieved Apr 29, 2026, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=cardioverter+defibrillator&keywordType=starts&areaId=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&smartSearch=N

(2026). Retrieved Apr 29, 2026, from Virginia Department of Medical Assistance Services: https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0&gsc.q=defibrillator&gsc.sort=

(2026). Retrieved April 29, 2026, from U.S. Food and Drug Administration: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm

ACC/AHA/ASE/HFSA/HRS/SCAI/SCCT/SCMR 2025 Appropriate Use Criteria for Implantable Cardioverter-Defibrillators, Cardiac Resynchronization Therapy, and Pacing. (2024, Nov). Retrieved Apr 29, 2026, from American Heart Association: https://www.jacc.org/doi/epdf/10.1016/j.jacc.2024.11.023

Evolent Clinical Guideline 7301 for Implantable Cardioverter Defibrillator. (2026, Jan 01). Retrieved Apr 29, 2026, from Evolent (formerly NIA) RadMD: https://www.radmd.com/RadMD/assets/Clinical%20Guidelines//Evolent%20Standard%20Guideline%202026/ECG%207301%20for%20Implantable%20Cardioverter%20Defibrillator%202026_final.pdf

Implantable Cardioverter Defibrillators 2024-11-17 [updated 2026-01-01]. (2026, Jan 01). Retrieved Apr 29, 2026, from Carelon Medical Benefits Management: https://guidelines.carelonmedicalbenefitsmanagement.com/implantable-cardioverter-defibrillators-2024-11-17-updated-2026-01-01/

Knight, B. (2025, Dec 12). Implantable cardioverter-defibrillators: Choosing a device and system descriptions. Retrieved Apr 29, 2026, from UpToDate: https://www.uptodate.com/contents/implantable-cardioverter-defibrillators-choosing-a-device-and-system-descriptions?search=implantable%20cardioverter%20defibrillator&source=search_result&selectedTitle=2~150&usage_type=default&display_rank=2&searchCorrelat

NCD: Implantable Cardioverter Defibrillators (ICDs) (20.4). (2023, Jul 31). Retrieved Apr 29, 2026, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=110&ncdver=5&keyword=cardioverter%20defibrillator&keywordType=starts&areaId=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1

Pellegrini, C. (2026, Jan 21). Implantable cardioverter-defibrillators: Overview of indications, components, and functions. Retrieved Apr 29, 2026, from UpToDate: https://www.uptodate.com/contents/implantable-cardioverter-defibrillators-overview-of-indications-components-and-

functions?search=implantable%20Subcutaneous%20cardioverter%20defibrillator&source=search_result&selectedTitle=2~29&usage_type=default&display_

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