Subcutaneous Implantable Cardioverter Defibrillator

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Effective Date	4/2014
Next Review Date	7/15/2024
Coverage Policy	Surgical 106
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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Purpose:

This policy addresses 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).

(2023). Code of Federal Regulations. § 4.104 Schedule of ratings—cardiovascular system. Title 38. Chapter 1. Part 4. Subpart B. The Cardiovascular System. Diseases of the Heart. (6.30.2023). Retrieved 7.10.23. https://www.ecfr.gov/current/title-38/chapter-I/part-4/subpart-B/subject-group-ECFRc88f57fafb24f86/section-4.104

(2023). US Food and Drug Administration. Implantable Cardioverter Defibrillator (Non-Crt). Data base. (7.10.2023). Retrieved 7.10.2023. https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPCD/classification.cfm?ID=LWS

(2023). Hayes. A symplr company. Subcutaneous Implantable Cardioverter Defibrillator (S-ICD) for Prevention of Sudden Cardiac Death. (5.31.2022). Retrieved 7.10.2023. https://evidence.hayesinc.com/report/dir.sicd2909

(2023). MCG, Informed Care Strategies. Electrophysiologic Study and Implantable Cardioverter-Defibrillator (ICD) Insertion. ORG: M-157 (AC). (9.1.2022). Retrieved 7.10.23. https://careweb.careguidelines.com/ed26/index.html

(2023). Centers for Medicare and Medicaid Services. CMS.gov. NCD Impantable Automatic Defibrillators. 20.4 (2.15.2018). https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=110&ncdver=4&

(2023). Centers for Medicare and Medicaid Services. CMS.gov. Billing and Coding: Implantable Automatic Defibrillators. (1.1.2021). Retrieved 7.10.23. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57994&ver=4&keyword=Implantable%20Automatic%20Defibrillators&keywordType=starts&areaId=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1

(2023). Cardinal Care. Virginia's Medicaid Program. Procedure Fee Files and CPT Codes. (2023). Retrieved 7.10.2023. https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/#searchCPT

(2023). Carelon Medical Management Clinical Appropriateness Guideline. Implantable Cardioverter Defibrillators 2021-11-07. Retrieved 7.10.2023. https://guidelines.carelonmedicalbenefitsmanagement.com/implantable-cardioverter-defibrillators-2021-11-07/

(2023). American College of Cardiology. Subcutaneous Implantable Cardioverter Defibrillator. (10.1.2018). Retrieved 7.10.23. https://www.acc.org/Guidelines#/results/subcutaneous%20implantable%20cardioverter-defibrillator

(2023). Van Dijk, V. F., & Boersma, L. V. (2020). The subcutaneous implantable cardioverter defibrillator in 2019 and beyond. Trends in cardiovascular medicine, 30(6), 378–384. PubMed. National Library of Medicine. Retrieved 7.10.23. https://doi.org/10.1016/j.tcm.2019.09.006

(2023) United link takes you to EviCore. Clinical Guidelines. Cardiac Implantable Devices. (CID). Version 1.1.2023. (2.15.23). Retrieved 7.11.23. https://www.evicore.com/-/media/files/evicore/provider/network-standard/evicore-cardiac-implantable-devices-cid-guidelines_v102023_eff02152023_pub11212022.pdf

Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. 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.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Keywords:

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