SHP Automated External Defibrillators (AED)

AUTH: SHP Durable Medical Equipment 63 (AC)

MCG Health
Ambulatory Care
25th Edition

Link to Codes

Coverage

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

Application to Products

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- Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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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 a dysfunctional heart rhythm is detected.

Exceptions and Limitations

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- There is insufficient scientific evidence to support the medical necessity of Automated External Defibrillators for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- 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 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.
    - 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 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.
      - 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.

Document History

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- Revised Dates:
- Reviewed Dates:
- Effective Date: August 2022

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
  - HCPCS E0617 - External defibrillator with integrated electrocardiogram analysis
- CPT/HCPCS codes considered not medically necessary per this Policy:
  - None

References

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References used include but are not limited to the following:

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Wearable cardioverter-defibrillator. (2019, Dec 16). Retrieved Jun 13, 2022, from UpToDate: https://www.uptodate.com/contents/wearable-cardioverter-defibrillator?topicRef=1042&source=see_link

Codes

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HCPCS: E0617

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