

### DME MAC Jurisdiction A

## Automatic External Defibrillators - Coverage Reminder

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The Durable Medical Equipment Medicare Administrative Contractors (DME MACs) have recently become aware of marketing material which suggests that coverage for a wearable automatic external defibrillator (AED) (K0606) is available immediately following a myocardial infarction and in several clinical situations that are not specified in the LCD. Reimbursement is available only under the criteria listed in the LCD.

Wearable AEDs (K0606) are covered as an alternative to implanted defibrillators when criteria specified in the *Automatic External Defibrillator Local Coverage Determination* (LCD) are met. Wearable AEDs are covered for patients if they meet one of the following criteria:

1. A documented episode of ventricular fibrillation or a sustained, lasting 30 seconds or longer, ventricular tachyarrhythmia. These dysrhythmias may be either spontaneous or induced during an electrophysiologic (EP) study, but may not be due to a transient or reversible cause and not occur during the first 48 hours of an acute myocardial infarction (ICD-9 427.1, 427.42, 427.5); or
2. Familial or inherited conditions with a high risk of life-threatening ventricular tachyarrhythmia's such as long QT syndrome (ICD-9 426.82) or hypertrophic cardiomyopathy (ICD-9 425.1); or
3. Either documented prior myocardial infarction (ICD-9 410.00-410.92, 412) or dilated cardiomyopathy (ICD -9 425.0-425.9) and a measured left ventricular ejection fraction less than or equal to 0.35; or
4. A previously implanted defibrillator now requires explantation (ICD-9 996.04, 996.61)

Nonwearable AEDs (E0617) have different coverage criteria. Refer to the LCD for additional information.