

LCD for Automatic External Defibrillators (L13613)

Contractor Information

Contractor Name

[NHIC, Corp.](#)

Contractor Number

16003

Contractor Type

DME MAC

LCD Information

LCD ID Number

L13613

LCD Title

Automatic External Defibrillators

Contractor's Determination Number

AED20070701

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CMS National Coverage Policy**[Primary Geographic Jurisdiction](#)**

Connecticut
District of Columbia
Delaware
Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

LCD Information

Oversight Region

Region I

DME Region LCD Covers

Jurisdiction A

Original Determination Effective Date

For services performed on or after 01/01/2004

Original Determination Ending Date

Revision Effective Date

For services performed on or after 09/01/2009

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

For an item to be covered by Medicare a written signed and dated order must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary.

Automatic external defibrillators are covered for patients at high risk for sudden cardiac death (SCD) due to one of the conditions described under I or II. It is expected the ordering physician be experienced in the management of patients at risk for SCD.

I. A wearable defibrillator (K0606) is covered for patients if they meet one of the criteria (1-4), described below:

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 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

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fraction less than or equal to 0.35; or

4. A previously implanted defibrillator now requires explantation (ICD-9 996.04, 996.61).

II. A nonwearable automatic defibrillator (E0617) is covered for patients in two circumstances. They meet either (1) both criteria A and B or (2) criteria C, described below:

A. The patient has one of the following conditions (1-8):

1. A documented episode of cardiac arrest due to ventricular fibrillation, not due to a transient or reversible cause (ICD-9 427.41, 427.42, 427.5).
2. 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 (ICD-9 427.1).
3. Familial or inherited conditions with a high risk of life-threatening ventricular tachyarrhythmias such as long QT syndrome (ICD-9 426.82) or hypertrophic cardiomyopathy (ICD-9 425.1).
4. Coronary artery disease with a documented prior myocardial infarction, (ICD-9 410.00 – 410.92, 412) 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. To meet this criterion:
 - a. The myocardial infarction must have occurred more than 4 weeks prior to the external defibrillator prescription; and,
 - b. The EP test must have been performed more than 4 weeks after the qualifying myocardial infarction.
5. Documented prior myocardial infarction (ICD-9 410.00-410.92, 412) and a measured left ventricular ejection fraction less than or equal to 0.30. Patients must not have:
 - a. Cardiogenic shock or symptomatic hypotension while in a stable baseline rhythm; or
 - b. Had a coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) within past 3 months; or
 - c. Had an enzyme-positive MI within past month; or
 - d. Clinical symptoms or findings that would make them a candidate for coronary revascularization; or
 - e. Irreversible brain damage from preexisting cerebral disease; or
 - f. Any disease, other than cardiac disease (e.g. cancer, uremia, liver failure), associated with a likelihood of survival less than one year.
6. Patients 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) \leq 35%.
7. Patients with nonischemic dilated cardiomyopathy (NIDCM) > 3 months, NYHA Class II and III heart failure, and measured LVEF \leq 35%.
8. Patients who meet one of the previous criteria (1-7) and have NYHA Class IV heart failure.

B. Implantation surgery is contraindicated.

C. A previously implanted defibrillator now requires explantation (ICD-9 996.04, 996.61).

Claims for defibrillators for other indications will be denied as not medically necessary.

LCD Information

Coverage Topic

Durable Medical Equipment

Coding Information

CPT/HCPCS Codes

The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS:

EY - No physician or other health care provider order for this item or service

GA - Waiver of liability statement on file

GZ - Item or service expected to be denied as not reasonable and necessary

KX - Requirements specified in the medical policy have been met

A9999 MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED

E0617 EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS

K0606 AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE

K0607 REPLACEMENT BATTERY FOR AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT TYPE ONLY, EACH

K0608 REPLACEMENT GARMENT FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR, EACH

K0609 REPLACEMENT ELECTRODES FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT TYPE ONLY, EACH

ICD-9 Codes that Support Medical Necessity

The presence of an ICD-9 code listed in this section is not sufficient by itself to assure coverage. Refer to the section on "Indications and Limitation of Coverage and/or Medical Necessity" for other coverage criteria and payment information.

For HCPCS Code E0617

[410.00 -](#) ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL EPISODE OF CARE
[410.92](#) UNSPECIFIED - ACUTE MYOCARDIAL INFARCTION OF UNSPECIFIED SITE
SUBSEQUENT EPISODE OF CARE

412 OLD MYOCARDIAL INFARCTION

425.1 HYPERTROPHIC OBSTRUCTIVE CARDIOMYOPATHY

426.82 LONG QT SYNDROME

427.1 PAROXYSMAL VENTRICULAR TACHYCARDIA

427.41 VENTRICULAR FIBRILLATION

427.42 VENTRICULAR FLUTTER

Coding Information

427.5	CARDIAC ARREST
996.04	MECHANICAL COMPLICATION OF AUTOMATIC IMPLANTABLE CARDIAC DEFIBRILLATOR
996.61	INFECTION AND INFLAMMATORY REACTION DUE TO CARDIAC DEVICE IMPLANT AND GRAFT

For HCPCS Codes K0606-K0609

410.00 - 410.92	ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL EPISODE OF CARE UNSPECIFIED - ACUTE MYOCARDIAL INFARCTION OF UNSPECIFIED SITE SUBSEQUENT EPISODE OF CARE
412	OLD MYOCARDIAL INFARCTION
425.0 - 425.9	ENDOMYOCARDIAL FIBROSIS - SECONDARY CARDIOMYOPATHY UNSPECIFIED
426.82	LONG QT SYNDROME
427.1	PAROXYSMAL VENTRICULAR TACHYCARDIA
427.41	VENTRICULAR FIBRILLATION
427.42	VENTRICULAR FLUTTER
427.5	CARDIAC ARREST
996.04	MECHANICAL COMPLICATION OF AUTOMATIC IMPLANTABLE CARDIAC DEFIBRILLATOR
996.61	INFECTION AND INFLAMMATORY REACTION DUE TO CARDIAC DEVICE IMPLANT AND GRAFT

Diagnoses that Support Medical Necessity

Refer to the previous section.

ICD-9 Codes that DO NOT Support Medical Necessity

All ICD-9 codes that are not specified in the previous section.

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

All diagnoses that are not specified in the previous section.

General Information

Documentation Requirements

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items billed before a signed and dated order has been

General Information

received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

The ICD-9 code that justifies the need for these items must be included on the claim.

GA, GZ, and KX MODIFIERS:

Suppliers must add a KX modifier to a code only if all of the criteria in the "Indications and Limitations of Coverage and/or Medical Necessity" section of this policy have been met.

If all of the criteria in the Indications and Limitations of Coverage and/or Medical Necessity section have not been met, the GA or GZ modifier must be added to the code. When there is an expectation of a medical necessity denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.

Claim lines billed without a GA, GZ, or KX modifier will be rejected as missing information.

Refer to the Supplier Manual for more information on documentation requirements.

Appendices

Myocardial infarctions (ICD-9 410.00-410.92, 412) are defined by elevated cardiac enzymes or Q-waves on an electrocardiogram.

Ejection fractions must be measured by angiography, radionuclide scanning, or echocardiography.

Transient or reversible causes include conditions such as drug toxicity, severe hypoxia, acidosis, hypokalemia, hypercalcemia, hyperkalemia, systemic infections, and myocarditis (not all-inclusive).

Utilization Guidelines

Refer to Indications and Limitations of Coverage and/or Medical Necessity.

Sources of Information and Basis for Decision

Advisory Committee Meeting Notes

Start Date of Comment Period

09/06/2002

End Date of Comment Period

10/25/2002

Start Date of Notice Period

09/01/2003

General Information

Revision History Number

AED005

Revision History Explanation

Revision Effective Date: 09/01/2009

HCPCS CODES AND MODIFIERS:

Added : GA and GZ modifiers.

Revised: KX modifier.

DOCUMENTATION REQUIREMENTS:

Added: Instructions for use of GA and GZ modifiers.

03/01/2008

In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) LCD L13613 from DME PSC TriCenturion (77011) LCD L13613.

Revision Effective Date: 07/01/2007

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added: ICD-9 412 to HCPCS code E0617 and K0606-K0609.

Removed: DMERC references.

ICD-9 CODES THAT SUPPORT MEDICAL NECESSITY:

Added: ICD-9 412 to HCPCS code E0617 and K0606-K0609.

DOCUMENTATION REQUIREMENTS:

Removed: DMERC references.

APPENDICES:

Added: ICD-9 412 to definition of myocardial infarction.

06/01/2007

In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

03/01/2006

In accordance with Section 911 of the Medicare Modernization Act of 2003, this policy was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 10/01/2005

INDICATIONS AND LIMITATIONS OF COVERAGE AND/OR MEDICAL NECESSITY:

Added: ICD-9 996.04 and 996.61

Replaced: ICD-9 426.89 with 426.82

ICD-9 CODES THAT SUPPORT MEDICAL NECESSITY:

Added: ICD-9 996.04 and 996.61

Replaced: ICD-9 426.89 with 426.82

DOCUMENTATION REQUIREMENTS:

Removed: KX language about additional documentation.

Revision Effective Date: 07/01/2005

INDICATIONS AND LIMITATIONS OF COVERAGE AND/OR MEDICAL NECESSITY:

Revised: Criteria to include expanded ICD NCD.

ICD-9 CODES THAT SUPPORT MEDICAL NECESSITY:

Revised: Codes to reflect new coverage criteria.

SOURCES OF INFORMATION AND BASIS FOR DECISION:

Removed: Not relevant to this revision.

ADVISORY COMMITTEE MEETING NOTES:

Removed: Not relevant to this revision.

General Information

Revision Effective Date: 01/01/2005

LMRP converted to LCD and Policy Article.

INDICATIONS AND LIMITATIONS OF COVERAGE AND/OR MEDICAL NECESSITY:

Revised: Coverage criteria for K0606.

HCPCS CODES AND MODIFIERS:

Added: A9999

Reason for Change

Last Reviewed On Date

Related Documents

Article(s)

[A23905 - Automatic External Defibrillators - Policy Article - Effective September 2009](#)

LCD Attachments

There are no attachments for this LCD

Article for Automatic External Defibrillators - Policy Article - Effective September 2009 (A23905)

Contractor Information

Contractor Name

[NHIC, Corp.](#)

Contractor Number

16003

Contractor Type

DME MAC

Article Information

Article ID Number

A23905

Article Type

Article

Key Article

Yes

Article Title

Automatic External Defibrillators - Policy Article - Effective September 2009

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[Primary Geographic Jurisdiction](#)

Connecticut
District of Columbia
Delaware
Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

Article Information

DME Region Article Covers

Jurisdiction A

Original Article Effective Date

01/01/2005

Article Revision Effective Date

09/01/2009

Article Text

CODING GUIDELINES

Automatic defibrillators are devices that are capable of monitoring cardiac rhythms, detecting dysrhythmias, and delivering a defibrillation shock to the heart when appropriate without any user decision-making.

Non-wearable, automatic external defibrillators with integrated electrocardiogram capability are coded using HCPCS code E0617.

Wearable, automatic, external defibrillators with integrated electrocardiogram analysis are coded using HCPCS code K0606.

Other types of defibrillators are coded as A9270. No separate payment is made for carrying cases or mounting hardware.

Replacement supplies and accessories for use with K0606 are coded using K0607 – K0609 as appropriate.

Replacement supplies and accessories for use with K0617 are coded using A9999.

Suppliers should contact the Pricing, Data Analysis and Coding (PDAC) Contractor for guidance on the correct coding of these items.

Coverage Topic

Durable Medical Equipment

Coding Information

No Coding Information has been entered in this section of the article.

Other Information

Revision History Explanation

Revision Effective Date: 09/01/2009

CODING GUIDELINES:

Changed: SADMERC to PDAC.

Other Information

03/01/2008

In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) Article A23905 from DME PSC TriCenturion (77011) Article A23905.

06/01/2007

In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

03/01/2006

In accordance with Section 911 of the Medicare Modernization Act of 2003, this article was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 01/01/2005

LMRP converted to LCD and Policy Article.

Related Documents

LCD(s)

[L13613 - Automatic External Defibrillators](#)