

Implantable Automatic Defibrillators (NCD 20.4)

Guideline Number: MPG151.09
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[↪ Terms and Conditions](#)

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<p>Related Medicare Advantage Reimbursement Policy</p> <ul style="list-style-type: none"> Multiple Procedure Payment Reduction (MPPR) for Medical and Surgical Services Policy, Professional
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Policy Summary

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Overview

An implantable cardioverter-defibrillator (ICD) (also referred to as defibrillators) is an electronic device designed to diagnose and treat life-threatening ventricular tachyarrhythmias.

Guidelines

Covered Indications

Effective for services performed on or after February 15, 2018, CMS has determined that the evidence is sufficient to conclude that the use of ICDs is reasonable and necessary:

- Patients with a personal history of sustained Ventricular Tachyarrhythmia (VT) or cardiac arrest due to Ventricular Fibrillation (VF). Patients must have demonstrated:
 - An episode of sustained VT, either spontaneous or induced by an Electrophysiology (EP) study, not associated with an acute Myocardial Infarction (MI) and not due to a transient or reversible cause; or
 - An episode of cardiac arrest due to VF, not due to a transient or reversible cause.
- Patients with a prior MI and a measured Left Ventricular Ejection Fraction (LVEF) ≤ 0.30. Patients must not have:
 - New York Heart Association (NYHA) classification IV heart failure; or,
 - Had a Coronary Artery Bypass Graft (CABG), or Percutaneous Coronary Intervention (PCI) with angioplasty and/or stenting, within the past three (3) months; or
 - Had an MI within the past 40 days; or
 - Clinical symptoms and findings that would make them a candidate for coronary revascularization.

For these patients identified in B2, a formal shared decision making encounter must occur between the patient and a physician (as defined in Section 1861(r)(1) of the Social Security Act (the Act)) or qualified non-physician practitioner (meaning a physician assistant, nurse practitioner, or clinical nurse specialist as defined in §1861(aa)(5) of the Act) using an

evidence-based decision tool on ICDs prior to initial ICD implantation. The shared decision making encounter may occur at a separate visit.

3. Patients who have severe, ischemic, dilated cardiomyopathy but no personal history of sustained VT or cardiac arrest due to VF, and have NYHA Class II or III heart failure, LVEF \leq 35%. Additionally, patients must not have:
 - Had a CABG, or PCI with angioplasty and/or stenting, within the past three (3) months; or
 - Had an MI within the past 40 days; or
 - Clinical symptoms and findings that would make them a candidate for coronary revascularization.

For these patients identified in B3, a formal shared decision making encounter must occur between the patient and a physician (as defined in Section 1861(r)(1) of the Act) or qualified non-physician practitioner (meaning a physician assistant, nurse practitioner, or clinical nurse specialist as defined in §1861(aa)(5) of the Act) using an evidence-based decision tool on ICDs prior to initial ICD implantation. The shared decision making encounter may occur at a separate visit.

4. Patients who have severe, non-ischemic, dilated cardiomyopathy but no personal history of cardiac arrest or sustained VT, NYHA Class II or III heart failure, LVEF \leq 35%, been on optimal medical therapy for at least three (3) months. Additionally, patients must not have:
 - Had a CABG or PCI with angioplasty and/or stenting, within the past three (3) months; or
 - Had an MI within the past 40 days; or
 - Clinical symptoms and findings that would make them a candidate for coronary revascularization.

For these patients identified in B4, a formal shared decision making encounter must occur between the patient and a physician (as defined in Section 1861(r)(1) of the Act) or qualified non-physician practitioner (meaning a physician assistant, nurse practitioner, or clinical nurse specialist as defined in §1861(aa)(5) of the Act) using an evidence-based decision tool on ICDs prior to initial ICD implantation. The shared decision making encounter may occur at a separate visit.

5. Patients with documented, familial or genetic disorders with a high risk of life-threatening tachyarrhythmias (sustained VT or VF, to include, but not limited to, long QT syndrome or hypertrophic cardiomyopathy).

For these patients identified in B5, a formal shared decision making encounter must occur between the patient and a physician (as defined in Section 1861(r)(1) of the Act) or qualified non-physician practitioner (meaning a physician assistant, nurse practitioner, or clinical nurse specialist as defined in §1861(aa)(5) of the Act) using an evidence-based decision tool on ICDs prior to initial ICD implantation. The shared decision making encounter may occur at a separate visit.

6. Patients with an existing ICD may receive an ICD replacement if it is required due to the end of battery life, Elective Replacement Indicator (ERI), or device/lead malfunction.

For each of the six (6) covered indications above, the following additional criteria must also be met:

- Patients must be clinically stable (e.g., not in shock, from any etiology);
- LVEF must be measured by echocardiography, radionuclide (nuclear medicine) imaging, cardiac Magnetic Resonance Imaging (MRI), or catheter angiography;
- Patients must not have:
 - Significant, irreversible brain damage; or
 - Any disease, other than cardiac disease (e.g., cancer, renal failure, liver failure) associated with a likelihood of survival less than one (1) year; or
 - Supraventricular tachycardia such as atrial fibrillation with a poorly controlled ventricular rate

Exceptions to waiting periods for patients that have had a CABG, or PCI with angioplasty and/or stenting, within the past three (3) months, or had an MI within the past 40 days:

- Cardiac Pacemakers: Patients who meet all CMS coverage requirements for cardiac pacemakers, and who meet the criteria in this national coverage determination for an ICD, may receive the combined devices in one procedure, at the time the pacemaker is clinically indicated;
- Replacement of ICDs: Patients with an existing ICD may receive an ICD replacement if it is required due to the end of battery life, ERI, or device/lead malfunction.

Nationally Non-Covered Indications

Non-Applicable

Other

For patients that are candidates for heart transplantation on the United Network for Organ Sharing (UNOS) transplant list awaiting a donor heart, coverage of ICDs, as with cardiac resynchronization therapy, as a bridge-to-transplant to prolong survival until a donor becomes available, please refer to the related CMS Local Coverage Articles.

All other indications for ICDs not currently covered in accordance with this decision may be covered under Category B Investigational Device Exemption (IDE) trials (42 CFR 405.201).

CMS last review of NCD 20.4 February 2018

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
33202	Insertion of epicardial electrode(s); open incision (e.g., thoracotomy, median sternotomy, subxiphoid approach) (Effective 03/26/2019)
33203	Insertion of epicardial electrode(s); endoscopic approach (e.g., thoracoscopy, pericardioscopy) (Effective 03/26/2019)
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode (Effective 03/26/2019)
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator (Effective 03/26/2019)
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator (Effective 03/26/2019)
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator (Effective 03/26/2019)
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator (Effective 03/26/2019)
33223	Relocation of skin pocket for implantable defibrillator (Effective 03/26/2019)
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator) (Effective 03/26/2019)
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) (List separately in addition to code for primary procedure) (Effective 03/26/2019)
33230	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing dual leads
33231	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing multiple leads
33240	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing single lead
33241	Removal of pacing cardioverter-defibrillator pulse generator only
33243	Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by thoracotomy

CPT Code	Description
33244	Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by transvenous extraction
33249	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber
33262	Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; single lead system
33263	Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; dual lead system
33264	Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; multiple lead system
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
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system (Removed 06/12/2019)
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system (Removed 06/12/2019)
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system (Removed 06/12/2019)
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system (Removed 06/12/2019)
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system (Removed 06/12/2019)
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements (Removed 06/12/2019)
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional (Removed 06/12/2019)
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters) (Removed 06/12/2019)

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HCPCS Code	Description
G0448	Insertion or replacement of a permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber with insertion of pacing electrode, cardiac venous system, for left ventricular pacing

ICD Procedure Code	Description
Insertion Codes	
02H43KZ	Insertion of Defibrillator Lead into Coronary Vein, Percutaneous Approach (Effective 03/26/2019)
02H60KZ	Insertion of Defibrillator Lead into Right Atrium, Open Approach (Effective 03/26/2019)
02H63KZ	Insertion of Defibrillator Lead into Right Atrium, Percutaneous Approach (Effective 03/26/2019)
02H64KZ	Insertion of Defibrillator Lead into Right Atrium, Percutaneous Endoscopic Approach (Effective 03/26/2019)
02H70KZ	Insertion of Defibrillator Lead into Left Atrium, Open Approach (Effective 03/26/2019)
02H73KZ	Insertion of Defibrillator Lead into Left Atrium, Percutaneous Approach (Effective 03/26/2019)
02H74KZ	Insertion of Defibrillator Lead into Left Atrium, Percutaneous Endoscopic Approach (Effective 03/26/2019)
02HK0KZ	Insertion of Defibrillator Lead into Right Ventricle, Open Approach
02HK3KZ	Insertion of Defibrillator Lead into Right Ventricle, Percutaneous Approach
02HK4KZ	Insertion of Defibrillator Lead into Right Ventricle, Percutaneous Endoscopic Approach
02HL0KZ	Insertion of Defibrillator Lead into Left Ventricle, Open Approach
02HL3KZ	Insertion of Defibrillator Lead into Left Ventricle, Percutaneous Approach
02HL4KZ	Insertion of Defibrillator Lead into Left Ventricle, Percutaneous Endoscopic Approach
0JH608Z	Insertion of Defibrillator Generator into Chest Subcutaneous Tissue and Fascia, Open Approach
0JH609Z	Insertion of Cardiac Resynchronization Defibrillator Pulse Generator into Chest Subcutaneous Tissue and Fascia, Open Approach (Effective 03/26/2019)
0JH60FZ	Insertion of Subcutaneous Defibrillator Lead into Chest Subcutaneous Tissue and Fascia, Open Approach (Effective 10/01/2019)
0JH638Z	Insertion of Defibrillator Generator into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH639Z	Insertion of Cardiac Resynchronization Defibrillator Pulse Generator into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach (Effective 03/26/2019)
0JH63FZ	Insertion of Subcutaneous Defibrillator Lead into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach (Effective 10/01/2019)
0JH808Z	Insertion of Defibrillator Generator into Abdomen Subcutaneous Tissue and Fascia, Open Approach
0JH809Z	Insertion of Cardiac Resynchronization Defibrillator Pulse Generator into Abdomen Subcutaneous Tissue and Fascia, Open Approach (Effective 03/26/2019)
0JH838Z	Insertion of Defibrillator Generator into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
0JH839Z	Insertion of Cardiac Resynchronization Defibrillator Pulse Generator into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach (Effective 03/26/2019)
Removal Codes	
0JPT0FZ	Removal of Subcutaneous Defibrillator Lead from Trunk Subcutaneous Tissue and Fascia, Open Approach (Effective 10/01/2019)
0JPT0PZ	Removal of Cardiac Rhythm Related Device from Trunk Subcutaneous Tissue and Fascia, Open Approach (Effective 03/26/2019)
0JPT3FZ	Removal of Subcutaneous Defibrillator Lead from Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach (Effective 10/01/2019)

ICD Procedure Code	Description
Removal Codes	
0JPT3PZ	Removal of Cardiac Rhythm Related Device from Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach (Effective 03/26/2019)
02PA0MZ	Removal of Cardiac Lead from Heart, Open Approach (Effective 03/26/2019)
02PA3MZ	Removal of Cardiac Lead from Heart, Percutaneous Approach (Effective 03/26/2019)
02PA4MZ	Removal of Cardiac Lead from Heart, Percutaneous Endoscopic Approach (Effective 03/26/2019)
02PAXMZ	Removal of Cardiac Lead from Heart, External Approach (Effective 03/26/2019)

Diagnosis Code	Description
G90.01	Carotid sinus syncope (Effective 03/26/2019)
I09.81	Rheumatic heart failure (Effective 03/26/2019)
I11.0	Hypertensive heart disease with heart failure
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
I25.2	Old myocardial infarction
I25.5	Ischemic cardiomyopathy
I25.6	Silent myocardial ischemia (Removed 06/12/2019)
I25.89	Other forms of chronic ischemic heart disease (Removed 06/12/2019)
I25.9	Chronic ischemic heart disease, unspecified (Removed 06/12/2019)
I42.0	Dilated cardiomyopathy
I42.1	Obstructive hypertrophic cardiomyopathy
I42.2	Other hypertrophic cardiomyopathy
I42.5	Other restrictive cardiomyopathy (Removed 06/12/2019)
I42.6	Alcoholic cardiomyopathy (Effective 03/26/2019)
I42.7	Cardiomyopathy due to drug and external agent (Effective 03/26/2019)
I42.8	Other cardiomyopathies
I42.9	Cardiomyopathy, unspecified (Removed 06/12/2019)
I44.0	Atrioventricular block, first degree (Effective 03/26/2019)
I44.1	Atrioventricular block, second degree (Effective 03/26/2019)
I44.2	Atrioventricular block, complete (Effective 03/26/2019)
I44.30	Unspecified atrioventricular block (Effective 03/26/2019)
I44.7	Left bundle-branch block, unspecified (Effective 03/26/2019)
I45.10	Unspecified right bundle-branch block (Effective 03/26/2019)
I45.19	Other right bundle-branch block (Effective 03/26/2019)
I45.2	Bifascicular block (Effective 03/26/2019)
I45.3	Trifascicular block (Effective 03/26/2019)
I45.6	Pre-excitation syndrome (Effective 03/26/2019)
I45.81	Long QT syndrome
I45.89	Other specified conduction disorders (Effective 03/26/2019)
I46.2	Cardiac arrest due to underlying cardiac condition

Diagnosis Code	Description
I46.8	Cardiac arrest due to other underlying condition (Removed 06/12/2019)
I46.9	Cardiac arrest, cause unspecified
I47.0	Re-entry ventricular arrhythmia (Removed 06/12/2019)
I47.1	Supraventricular tachycardia (Effective 03/26/2019)
I47.2	Ventricular tachycardia
I47.9	Paroxysmal tachycardia, unspecified (Effective 03/26/2019)
I48.1	Persistent atrial fibrillation (Effective 03/26/2019; Deleted 09/30/2019)
I48.11	Longstanding persistent atrial fibrillation (Effective 10/01/2019)
I48.19	Other persistent atrial fibrillation (Effective 10/01/2019)
I48.3	Typical atrial flutter (Effective 03/26/2019)
I48.4	Atypical atrial flutter (Effective 03/26/2019)
I48.91	Unspecified atrial fibrillation (Effective 03/26/2019)
I48.92	Unspecified atrial flutter (Effective 03/26/2019)
I49.01	Ventricular fibrillation
I49.02	Ventricular flutter
I49.3	Ventricular premature depolarization (Effective 03/26/2019)
I49.5	Sick sinus syndrome (Effective 03/26/2019)
I49.9	Cardiac arrhythmia, unspecified (Effective 03/26/2019)
I50.1	Left ventricular failure (Removed 06/12/2019)
I50.20	Unspecified systolic (congestive) heart failure
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.30	Unspecified diastolic (congestive) heart failure
I50.31	Acute diastolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.33	Acute on chronic diastolic (congestive) heart failure
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.810	Right heart failure, unspecified (Effective 03/26/2019)
I50.811	Acute right heart failure (Effective 03/26/2019)
I50.812	Chronic right heart failure (Effective 03/26/2019)
I50.813	Acute on chronic right heart failure (Effective 03/26/2019)
I50.814	Right heart failure due to left heart failure (Effective 03/26/2019)
I50.82	Biventricular heart failure (Effective 03/26/2019)
I50.83	High output heart failure (Effective 03/26/2019)
I50.84	End stage heart failure (Effective 03/26/2019)
I50.89	Other heart failure (Effective 03/26/2019)
I50.9	Heart failure, unspecified
I51.9	Heart disease, unspecified (Removed 06/12/2019)

Diagnosis Code	Description
I52	Other heart disorders in diseases classified elsewhere (Removed 06/12/2019)
Q23.0	Congenital stenosis of aortic valve (Removed 06/12/2019)
Q23.1	Congenital insufficiency of aortic valve (Removed 06/12/2019)
Q23.2	Congenital mitral stenosis (Removed 06/12/2019)
Q23.3	Congenital mitral insufficiency (Removed 06/12/2019)
Q23.4	Hypoplastic left heart syndrome (Removed 06/12/2019)
Q23.8	Other congenital malformations of aortic and mitral valves (Removed 06/12/2019)
Q23.9	Congenital malformation of aortic and mitral valves, unspecified (Removed 06/12/2019)
Q24.6	Congenital heart block (Effective 03/26/2019)
Q24.8	Other specified congenital malformations of heart (Removed 06/12/2019)
Q24.9	Congenital malformation of heart, unspecified (Removed 06/12/2019)
T82.110A	Breakdown (mechanical) of cardiac electrode, initial encounter
T82.111A	Breakdown (mechanical) of cardiac pulse generator (battery), initial encounter
T82.118A	Breakdown (mechanical) of other cardiac electronic device, initial encounter
T82.119A	Breakdown (mechanical) of unspecified cardiac electronic device, initial encounter
T82.120A	Displacement of cardiac electrode, initial encounter
T82.121A	Displacement of cardiac pulse generator (battery), initial encounter
T82.128A	Displacement of other cardiac electronic device, initial encounter
T82.129A	Displacement of unspecified cardiac electronic device, initial encounter
T82.190A	Other mechanical complication of cardiac electrode, initial encounter
T82.191A	Other mechanical complication of cardiac pulse generator (battery), initial encounter
T82.198A	Other mechanical complication of other cardiac electronic device, initial encounter
T82.199A	Other mechanical complication of unspecified cardiac device, initial encounter
T82.7XXA	Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts, initial encounter (Effective 03/26/2019)
Z00.6	Encounter for examination for normal comparison and control in clinical research program (Effective 03/26/2019)
Z45.02	Encounter for adjustment and management of automatic implantable cardiac defibrillator
Z76.82	Awaiting organ transplant status (Effective 03/26/2019)
Z86.74	Personal history of sudden cardiac arrest

References

CMS National Coverage Determinations (NCDs)

[NCD 20.4 Implantable Automatic Defibrillators](#)

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L33271 Biventricular Pacing/ Cardiac Resynchronization Therapy	A57634 Billing and Coding: Biventricular Pacing/ Cardiac Resynchronization Therapy	First Coast	FL, PR, VI	FL, PR, VI
	A56341 Billing and Coding: Implantable Automatic Defibrillators			
N/A	A56326 Billing and Coding: Implantable Automatic Defibrillators	NGS	CT, IL, MA, MN, ME, NH, NY, RI, VT, WI	CT, IL, MA, MN, ME, NH, NY, RI, VT, WI
N/A	A56340 Billing and Coding: Implantable Automatic Defibrillators	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
N/A	A56342 Billing and Coding: Implantable Automatic Defibrillators	Noridian	AK, AZ, ID, OR, MT, ND, SD, UT, WA, WY	AK, AZ, ID, OR, MT, ND, SD, UT, WA, WY
N/A	A56355 Billing and Coding: Implantable Automatic Defibrillators	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
N/A	A56343 Billing and Coding: Implantable Automatic Defibrillators	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
N/A	A56391 Billing and Coding: Implantable Automatic Defibrillators	WPS	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	IA, IN, KS, MI, MO, NE

CMS Benefit Policy Manual

[Chapter 14: § 20 FDA Approval Investigational Device Exemptions \(IDE\) Studies](#)

CMS Claims Processing Manual

[Chapter 32: § 270 Claims Processing for Implantable Automatic Defibrillators, § 270.1 Coding Requirements for Implantable Automatic Defibrillators, § 270.2 Billing Requirements for Patients Enrolled in a Data Collection System](#)

CMS Transmittal(s)

[Transmittal 211, Change Request 10865, Dated 12/13/2018 \(National Coverage Determination \(NCD\) 20.4 Implantable Cardiac Defibrillators \(ICDs\)\)](#)

[Transmittal 213, Change Request 10865, Dated 02/15/2019 \(National Coverage Determination \(NCD\) 20.4 Implantable Cardiac Defibrillators \(ICDs\)\)](#)

MLN Matters

[Article MM7296, MRI in Medicare Beneficiaries with Implanted Permanent Pacemakers \(PMs\) or Implantable Cardioverter Defibrillators \(ICDs\)](#)

[Article SE20006, Dated 03/03/2020, NCD 20.4 Implantable Cardiac Defibrillators \(ICDs\)](#)

Other(s)

[CMS Implantable Cardioverter Defibrillators \(ICD\) Registry](#)

[CMS Investigational Device Exemption Approved Studies](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template
06/10/2020	Applicable Codes <ul style="list-style-type: none">Removed duplicative listing for ICD-10 diagnosis codes T82.110A, T82.111A, T82.118A, T82.119A, T82.120A, T82.121A, and T82.128A Questions and Answers <ul style="list-style-type: none">Removed Q&A addressing ICD-10 codes for coronary artery disease (CAD) Supporting Information <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current informationArchived previous policy version MPG151.08

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered,

which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).