

## Medical Policy



### Automatic External Defibrillator

#### Description

An automatic external defibrillator (AED) is capable of monitoring cardiac rhythms, detecting dysrhythmias and delivering a shock to the heart when appropriate without user decision making.

#### Policy

An automatic external defibrillator (AED) is considered **reasonable and necessary** when a member meets coverage criteria.

#### Policy Guidelines

Coverage Criteria:

1. Must be ordered by the Member's treating practitioner.
2. Automatic external defibrillators are covered for Members at high risk for sudden cardiac death (SCD) due to one of the conditions described under (a) or (b). It is expected the treating practitioner be experienced in the management of Members at risk for SCD.
  - a. A wearable defibrillator (K0606) is covered for Members if they meet one of the criteria (i-iv), described below,
    - i. 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; or
    - ii. Familial or inherited conditions with a high risk of life-threatening ventricular tachyarrhythmia such as long QT syndrome or hypertrophic cardiomyopathy; or
    - iii. Either documented prior myocardial infarction or dilated cardiomyopathy and a measured left ventricular ejection fraction less than or equal to 0.35; or
    - iv. A previously implanted defibrillator now requires explantation.

Reference Diagnosis Codes that Support Medical Necessity section for applicable diagnoses.

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- b. A **non-wearable** automatic defibrillator (E0617) is covered for Members in two circumstances. They meet either (1) both criteria (i) and (ii) or (2) criteria (iii), described below,
  - i. The Member 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.
    - 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.
    - 3. Familial or inherited conditions with a high risk of life-threatening ventricular tachyarrhythmias such as long QT syndrome or hypertrophic cardiomyopathy.
    - 4. 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. To meet this criterion;
      - a. The myocardial infarction must have occurred more than 4 weeks prior to the external defibrillator prescription/standard written order (SWO); and,
      - b. The EP test must have been performed more than 4 weeks after the qualifying myocardial infarction.
    - 5. Documented prior myocardial infarction and a measured left ventricular ejection fraction less than or equal to 0.30. Members 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

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- 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. Members 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. Members with nonischemic dilated cardiomyopathy (NIDCM)  $> 3$  months, NYHA Class II and III heart failure, and measured LVEF  $\leq 35\%$ .
  - 8. Members who meet one of the previous criteria (1-7) and have NYHA Class IV heart failure.
- ii. Implantation surgery is contraindicated.
  - iii. A previously implanted defibrillator now requires explantation.

Reference Diagnosis Codes that Support Medical Necessity section for applicable diagnoses.

#### Limitations:

- 1. Claims for defibrillators for other indications will be denied as not reasonable and necessary.
- 2. Repair of a vest cardioverter is limited to restoration of a serviceable condition which is not the result of misuse, non-intentional or intentional.
- 3. The replacement of a patient-owned vest cardioverter is covered if any of the following criteria is met:
  - a. When necessitated by irreparable damage not due to misuse, intentional or non-intentional.
  - b. The cost of repairs would exceed the purchase price.

#### Exclusions:

- 1. The efficacy of the devices has not been proven when used for diagnoses other than those listed below and will not be covered.

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**ICD-10 Codes that Support Medical Necessity  
For HCPCS Procedure Code E0617  
Group 1 Codes**

| <b>ICD-10 Code</b> | <b>Description</b>  |
|--------------------|---|
| I21.01             | ST elevation (STEMI) myocardial infarction involving left main coronary artery                |
| I21.02             | ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery |
| I21.09             | ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall   |
| I21.11             | ST elevation (STEMI) myocardial infarction involving right coronary artery                    |
| I21.19             | ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall   |
| I21.21             | ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery          |
| I21.29             | ST elevation (STEMI) myocardial infarction involving other sites                              |
| I21.3              | ST elevation (STEMI) myocardial infarction of unspecified site                                |
| I21.4              | Non-ST elevation (NSTEMI) myocardial infarction   |
| I21.B              | Myocardial infarction with coronary microvascular dysfunction                                 |
| I22.0              | Subsequent ST elevation (STEMI) myocardial infarction of anterior wall                        |
| I22.1              | Subsequent ST elevation (STEMI) myocardial infarction of inferior wall                        |
| I22.2              | Subsequent non-ST elevation (NSTEMI) myocardial infarction                                    |
| I22.8              | Subsequent ST elevation (STEMI) myocardial infarction of other sites                          |
| I22.9              | Subsequent ST elevation (STEMI) myocardial infarction of unspecified site                     |
| I25.2              | Old myocardial infarction   |
| I25.5              | Ischemic cardiomyopathy   |
| I42.1              | Obstructive hypertrophic cardiomyopathy   |
| I42.2              | Other hypertrophic cardiomyopathy   |
| I45.81             | Long QT syndrome  |
| I46.2              | Cardiac arrest due to underlying cardiac condition  |

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|          |  |
|----------|--|
| I46.8    | Cardiac arrest due to other underlying condition   |
| I46.9    | Cardiac arrest, cause unspecified  |
| I47.0    | Re-entry ventricular arrhythmia  |
| I47.20   | Ventricular tachycardia, unspecified   |
| I47.21   | Torsades de pointes  |
| I47.29   | Other ventricular tachycardia  |
| I49.01   | Ventricular fibrillation   |
| I49.02   | Ventricular flutter  |
| I50.1    | Left ventricular failure, unspecified  |
| 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   |
| I50.811  | Acute right heart failure  |
| I50.812  | Chronic right heart failure  |
| I50.813  | Acute on chronic right heart failure   |
| I50.814  | Right heart failure due to left heart failure  |
| I50.82   | Biventricular heart failure  |
| I50.83   | High output heart failure  |
| I50.89   | Other heart failure  |
| I50.9    | Heart failure, unspecified   |
| Q20.5    | Discordant atrioventricular connection   |
| Q21.3    | Tetralogy of Fallot  |
| 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                       |

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|          |   |
|----------|---|
|          | 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  |
| T82.6XXA | Infection and inflammatory reaction due to cardiac valve prosthesis, initial encounter                                |
| T82.7XXA | Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts, initial encounter |

**ICD-10 Codes that Support Medical Necessity  
For HCPCS Procedure Code K0606-K0609  
Group 2 Codes**

| ICD-10 Code | Description   |
|-------------|---|
| A18.84      | Tuberculosis of heart   |
| I21.01      | ST elevation (STEMI) myocardial infarction involving left main coronary artery                |
| I21.02      | ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery |
| I21.09      | ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall   |
| I21.11      | ST elevation (STEMI) myocardial infarction involving right coronary artery                    |
| I21.19      | ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall   |
| I21.21      | ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery          |
| I21.29      | ST elevation (STEMI) myocardial infarction involving other sites                              |

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|        |   |
|--------|---|
| I21.3  | ST elevation (STEMI) myocardial infarction of unspecified site            |
| I21.4  | Non-ST elevation (NSTEMI) myocardial infarction                           |
| I21.B  | Myocardial infarction with coronary microvascular dysfunction             |
| I22.0  | Subsequent ST elevation (STEMI) myocardial infarction of anterior wall    |
| I22.1  | Subsequent ST elevation (STEMI) myocardial infarction of inferior wall    |
| I22.2  | Subsequent non-ST elevation (NSTEMI) myocardial infarction                |
| I22.8  | Subsequent ST elevation (STEMI) myocardial infarction of other sites      |
| I22.9  | Subsequent ST elevation (STEMI) myocardial infarction of unspecified site |
| I25.2  | Old myocardial infarction   |
| I25.5  | Ischemic cardiomyopathy   |
| I42.0  | Dilated cardiomyopathy  |
| I42.1  | Obstructive hypertrophic cardiomyopathy                                   |
| I42.2  | Other hypertrophic cardiomyopathy   |
| I42.3  | Endomyocardial (eosinophilic) disease                                     |
| I42.4  | Endocardial fibroelastosis  |
| I42.5  | Other restrictive cardiomyopathy  |
| I42.6  | Alcoholic cardiomyopathy  |
| I42.7  | Cardiomyopathy due to drug and external agent                             |
| I42.8  | Other cardiomyopathies  |
| I42.9  | Cardiomyopathy, unspecified   |
| I43    | Cardiomyopathy in diseases classified elsewhere                           |
| I45.81 | Long QT syndrome  |
| I46.2  | Cardiac arrest due to underlying cardiac condition                        |
| I46.8  | Cardiac arrest due to other underlying condition                          |
| I46.9  | Cardiac arrest, cause unspecified   |
| I47.0  | Re-entry ventricular arrhythmia   |
| I47.20 | Ventricular tachycardia, unspecified                                      |
| I47.21 | Torsades de pointes   |
| I47.29 | Other ventricular tachycardia   |
| I49.01 | Ventricular fibrillation  |
| I49.02 | Ventricular flutter   |
| I50.1  | Left ventricular failure, unspecified                                     |
| 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                          |

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|          |  |
|----------|--|
| 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          |
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| I50.813  | Acute on chronic right heart failure   |
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| T82.110A | Breakdown (mechanical) of cardiac electrode, initial encounter                           |
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| 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                 |
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| 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           |



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|          |   |
|----------|---|
|          | encounter   |
| T82.6XXA | Infection and inflammatory reaction due to cardiac valve prosthesis, initial encounter                                |
| T82.7XXA | Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts, initial encounter |

#### HCPCS Level II Codes and Description

A9999 MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED

E0617 EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS

E1399 DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS

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

#### Definitions

1. Myocardial infarctions are defined by elevated cardiac enzymes or Q-waves on an electrocardiogram.
2. Ejection fractions must be measured by angiography, radionuclide scanning, or echocardiography.
3. Transient or reversible causes include conditions such as drug toxicity, severe hypoxia, acidosis, hypokalemia, hypercalcemia, hyperkalemia, systemic infections, and myocarditis (not all-inclusive).

#### Documentation Requirements

Items in this policy may be subject to the Affordable Care Act (ACA) 6407 requirements.

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The Affordable Care Act (ACA) 6407 requires that the treating prescriber conduct a face-to-face examination during the six month period preceding the written order. The documentation must be received by the provider prior to delivery for certain DME items. The documentation must describe a medical condition for which the DME is being prescribed.

#### Coding Guidelines

1. 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.
2. Non-wearable, automatic external defibrillators with integrated electrocardiogram capability are coded using HCPCS code E0617.
3. Wearable, automatic, external defibrillators with integrated electrocardiogram analysis are coded using HCPCS code K0606.
4. Other types of defibrillators are coded as A9270. No separate payment is made for carrying cases or mounting hardware.
5. Replacement supplies and accessories for use with K0606 are coded using K0607 – K0609 as appropriate.
6. Replacement supplies and accessories for use with E0617 are coded using A9999.

#### HCPCS MODIFIERS (If Applicable):

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

KX, GA, GZ 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.

#### Important Note:

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Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating practitioner in connection with diagnosis and treatment decisions.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

### References

Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents.

CGS Administrators, LLC. Automatic External Defibrillators. Local Coverage Determination No. L33690. Durable Medical Equipment Medicare Administrative Carrier Jurisdiction B; Last accessed/reviewed November 4, 2025.

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Noridian Healthcare Solutions, Automatic External Defibrillators. Local Coverage Determination No. L33690. Durable Medical Equipment Medicare Administrative Carrier Jurisdiction A. Chico, CA: NHIC; Last accessed/reviewed November 4, 2025.

### Change/Authorization History

| Revision Number | Date     | Description of Change   | Prepared / Reviewed by | Approved by    | Review Date: | Effective Date: |
|-----------------|----------|---|------------------------|----------------|--------------|-----------------|
| A               | 11-20-06 | Initial Release   | Rosanne Brugnani       | Ken Fasse      | n/a          |                 |
| 01              | 08-2007  | Added ICD-9 412.0   | Rosanne Brugnani       | Ken Fasse      |              |                 |
| 02              | 12-2008  | Added definition for ICD-9 412.0  | Susan Glomb            | Ken Fasse      |              |                 |
| 03              | 09-01-09 | HCPCS MODIFIERS:<br>Added GA and GZ modifiers.<br>Revised KX modifier.<br>Added instructions for use of GA and GZ modifiers.<br>SADMERC changed to PDAC | Susan Glomb            | Ken Fasse      |              |                 |
| 04              | 12-04-09 | Annual review. No changes.  | Susan Glomb            | Ken Fasse      |              |                 |
| 05              | 11-19-10 | Annual review. No changes   | Susan Glomb            | Ken Fasse      |              |                 |
| 06              | 07-19-11 | Added Important Notes to the policy   | Susan Glomb            | Dr. Almasri    |              |                 |
| 07              | 11-7-11  | Annual Review. Added References to Policy   | Susan Glomb            | Dr. Almasri    |              |                 |
| 08              | 04-03-12 | Added reference to NH Medicaid  | Susan Glomb            | Dr. Almasri    |              |                 |
| 09              | 11-27-12 | Annual Review. No changes   | Susan Glomb            | Dr. B. Almasri |              |                 |
| 10              | 12-18-13 | Annual review. No changes   | Susan Glomb            | Dr. B. Almasri |              |                 |

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|----|----------|--|--------------------------|----------------|---------------|---------------|
| 11 | 12-4-14  | Annual Review.<br>Added: Items in this policy may be subject to Affordable Care Act (ACA) 6407 requirements.   | Susan Glomb              | Dr. B. Almasri |               |               |
| 12 | 11-30-15 | Annual Review.<br>Updated policy with applicable ICD-10 codes and Medicare references.   | Lisa Wojno               | Dr. B. Almasri | November 2015 |               |
| 13 | 11-18-16 | Annual Review. No Changes.   | Lisa Wojno               | Dr. B. Almasri | November 2016 |               |
| 14 | 11-10-17 | Annual Review.<br>Updated DME MAC references.  | Lisa Wojno               | Dr. C. Lerchin | November 2017 |               |
| 15 | 11-09-18 | Annual Review. No Changes.   | Lisa Wojno               | Dr. C. Lerchin | November 2018 |               |
| 16 | 11-05-19 | Annual Review. No Changes.   | Lisa Wojno               | Dr. C. Lerchin | November 2019 | November 2019 |
| 17 | 11-04-20 | Annual review. Per Medicare: replaced “Covered” with “ICD-10 Codes that Support Medical Necessity”, revised: “ordering physician” to “treating practitioner”, added “prescription/standard written order” (SWO)”.<br><br>Annual review. Per Medicare: replaced “Covered” with “ICD-10 Codes that Support Medical Necessity”, revised: “ordering physician” to “treating practitioner”, added “prescription/standard written order” (SWO)”. | Carol Dimech             | Dr. C. Lerchin | 11-04-20      | 11-04-20      |
| 18 | 11-01-21 | Annual review. No changes  | Carol Dimech/Susan Glomb | Dr. C. Lerchin | 11-01-21      |               |
| 19 | 11-8-21  | Added NCD, LCD verbiage to “Important Note”.   | Carol Dimech             | Dr. C. Lerchin | 11-8-21       |               |
| 20 | 11-17-22 | Annual review.<br>Removed: ICD-10 code I47.2 from Group 1 and Group 2 Codes due to ICD-10 code updates.  | Carol Dimech             | Dr. C. Lerchin | 11-17-22      |               |

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|    |            |   |                  |                |            |            |
|----|------------|---|------------------|----------------|------------|------------|
|    |            | Added: ICD-10 codes I47.20, I47.21 and I47.29 to Group 1 and Group 2 Codes due to ICD-10 code updates.  |                  |                |            | 10-01-22   |
| 21 | 11-1-23    | Annual review. Added ICD-10 code I21.B to group 1 and 2 codes per CMS.  | Carol Dimech     | Dr. C. Lerchin | 11-1-23    | 11-1-23    |
| 22 | 11-5-24    | Annual review. No changes.  | Carol Dimech     | Dr. C. Lerchin | 11-5-24    | 11-5-24    |
| 23 | 09/02/2025 | Corrected code to E0617 from K0617 at #6 under Coding Guidelines  | Susan Kazmierski | Dr. C. Lerchin | 09/02/2025 | 09/02/2025 |
| 24 | 11-4-25    | Annual review. Added ICD-10-CM codes I25.5, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.89, I50.9, Q20.5 and Q21.3 to Group 1 and Group 2 Codes | Lisa Wojno       | Dr. C. Lerchin | 11-4-25    | 11-4-25    |