

Subject: Implantable Cardioverter Defibrillator (ICD)

Medical Policy #: 9.5

Status: Reviewed

Original Effective Date: 01/01/2006

Last Review Date: 11/16/2022

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

The Implantable Cardioverter Defibrillator (ICD), also known as Implantable Automatic Cardiac Defibrillator, is an electronic device designed to detect and treat life-threatening tachyarrhythmias. The device consists of a pulse generator and electrodes for sensing and defibrillating.

An ICD is an electronic device designed to diagnose and treat life-threatening ventricular tachyarrhythmias.

Coverage Determination

Prior Authorization is not required. However, all claims are subject to retrospective review. The following guidelines apply:

Presbyterian follows [Implantable Automatic Defibrillators, \(NCD 20.4\)](#) for Medicare, Medicaid and Commercial.

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

CPT Code	Description
33202	Insertion of epicardial electrode(s); open incision (e.g., thoracotomy, median sternotomy, subxiphoid approach)
33203	Insertion of epicardial electrode(s); endoscopic approach (e.g., thoracoscopy, pericardioscopy)
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator
33223	Relocation of skin pocket for implantable defibrillator
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)
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)
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

CPT Code	Description
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead
33241	Removal of implantable defibrillator pulse generator only
33243	Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system
33264	Removal of implantable defibrillator pulse generator with replacement of implantable 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
G0448	Place perm pacing cardiovert

ICD-10 Diagnosis Codes

Please access, the Change Request weblink ([TN 11391](#)) (CR12606) for both Inpatient and Outpatient covered ICD-10 list specific to NCD 20.4.

Reviewed by / Approval Signatures

Clinical Quality & Utilization Mgmt. Committee: [Gray Clarke MD](#)
Senior Medical Director: [David Yu MD](#)
Date Approved: 11-16-2022

References

1. CMS, National Coverage Determination ([NCD](#)) for [Implantable Automatic Defibrillators, \(20.4\)](#), Pub# 100-3, Version # 4, Effective Date: 02/15/2018, Implementation Date 03/26/2019. [Cited 10/24/2022]
2. Medicare National Coverage Determinations Manual, [Chapter 1, Part 1, \(20.4\)](#) Implantable Cardioverter Defibrillators (ICDs), Rev. 10895, 09-08-21). [Cited 10-24-2022]
3. CMS, MLN Matters, [Medicare Coverage of Items and Services Related to Investigational Device Exemption IDE Studies](#), Jan 2015. [Cited 10-24-2022]
4. CMS, Pub 100-20 One-Time Notification, Transmittal 11391, [CR12606](#), Date April 29, 2022. [Cited 10/24,2022]

Publication History

- 05-25-16 Annual Review. NCD 20.4 reviewed. No changes except ICD 10. MCG M-157 Last Update 1/28/16. No changes.
- 08-25-17 Annual Review. Accessed LCD 20.4. No changes.
- 07-31-19 Annual Review. Updated policy with new item/service description and updated web links to CMS. Manual, Pub 100.03 Medicare NCD have the following changes: [Transmittal: 209](#), Section 20.4 of NCD Manual established conditions of coverage for ICDs. [Transmittal 211](#), effective Feb 15, 2018, coverage policy is no longer contingent on participation in a trial/study/registry. [Cited 05/16/2019]
- 11-18-20 Annual review. Reviewed by PHP Medical Policy Committee 10-30-20. No change. Will continue to follow NCD 20.4 for Medicare, Medicaid and Commercial. Removed electrophysiologic evaluation CPT codes: 93619, 93620, 93621, 93622, 93624, 93640, 93641, 93642. Add applicable insertion/removal defibrillator CPT

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPCC051001].

codes: 33202, 33203, 33215, 33218, 33220, 33223, 33224, 33230, 33231, 33240, 33241, 33243, 33244, 33262, 33263, 33264, 33271, 33272, 33273, and G0448. ICD-10 list can now be accessed using A56355. Continue no PA requirement with retro review

- 11-17-21 Annual review. Reviewed by PHP Medical Policy Committee on 10/21/2021. No changes to criteria, PHP will continue to follow NCD 20.4 for all product lines. CMS retired LCA (A56355), which was removed from policy. CPT codes in policy were reviewed using the recent release Transmittal 11025, CR12399, Date September 28, 2021. (This Change Request (CR) constitutes a maintenance update of ICD-10 conversions and other coding updates specific to NCD 20.4. Codes in Group 1: 33223, 33230, 33231, 33240, 33241, 33243, 33244, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, G0448 and Group 2: 33202, 33203, 33215, 33216, 33217, 33218, 33220, 33224, 33225 are still relevant. Continue no Prior Authorization requirement for all listed CPT codes in the policy for all product lines.
- 11-16-22 Annual review. Reviewed by PHP Medical Policy Committee on 10-26-2022. Continue to follow NCD 20.4 for Medicare, Medicaid and Commercial. Coverage determination guideline language was removed from policy and reformatted to only include LCD/LCA weblinks. Codes will continue no PA requirement. Retro review has been removed.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.