# Medical Policy: Implantable Cardioverter Defibrillators (Commercial)

| POLICY NUMBER | EFFECTIVE DATE | APPROVED BY |
|---|---|---|
| MG.MM.SU.60 | 5/9/2025 | MPC (Medical Policy Committee) |

***IMPORTANT NOTE ABOUT THIS MEDICAL POLICY:***

 The treating physician or primary care provider must submit to ConnectiCare, Inc. the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, ConnectiCare will not be able to properly review the request for prior authorization. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. The clinical review criteria expressed below reflects how ConnectiCare determines whether certain services or supplies are medically necessary. ConnectiCare established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). ConnectiCare, Inc. expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. Each benefit plan defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by ConnectiCare, as some plans exclude coverage for services or supplies that ConnectiCare considers medically necessary. If there is a discrepancy between this guideline and a member's benefits plan, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of the State of CT and/or the Federal Government. Coverage may also differ for our Medicare members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including including National Coverage Determinations (NCD), Local Coverage Determinations (LCD) and/or Local Medical Review Policies (LMRP). All coding and web site links are accurate at time of publication.

## Definitions

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| Transvenous implantable cardiac defibrillator (**ICD**)<br>(Aka thoracotomy systems) | Device designed to monitor heart rate, recognize ventricular fibrillation (VF) or ventricular tachycardia (VT) and deliver electrical shock to terminate these arrhythmias in order to reduce the risk of sudden cardiac death (SCD). The reasons for device-implantation are twofold:<br>1. Primary prevention — those patients at high risk for SCD who *have not* experienced life-threatening VTs or VF<br>2. Secondary prevention — those patients *who have* experienced a potentially life-threatening episode of VT (i.e., near SCD)<br>The standard ICD involves placement of a generator in the subcutaneous tissue of the chest wall. Transvenous leads are attached to the generator and threaded intravenously into the endocardium. The leads sense and transmit information on cardiac rhythm to the generator which analyzes the rhythm information and produces an electrical shock when a malignant arrhythmia is recognized. |
| Subcutaneous implantable cardiac defibrillator (**S-ICD**)<br>(Aka nonthoracotomy systems) | A defibrillator device that is implanted is implanted under the skin on the side of the chest below the arm pit. The pulse generator is connected to the electrode which is implanted under the skin from the device pocket along the rib margin to the breastbone with the use of the insertion tool. The electrodes sense the cardiac rhythm and deliver countershocks through the subcutaneous tissue of the chest wall.<br>The S-ICD does not require a thoracotomy and does not employ transvenous leads. The goal of this device is to reduce lead-related complications. |

## Related Medical Guidelines

Automatic External Defibrillators

Cardiac Resynchronization Therapy (Biventricular Pacing) — MCG #ACG: A-0167 (AC)

## Guideline

Implantable cardiac defibrillation therapy using an FDA-approved ICD (thoracotomy system) or S-ICD (non-thoracotomy system) is considered medically necessary when the following criteria (I–III) are met:

**I. Transvenous ICD — adults**

Considered medically necessary when member is not a candidate for cardiac revascularization (i.e., coronary artery bypass graft [CABG] or percutaneous transluminal coronary angioplasty [PTCA]) is not clinically appropriate and **one** of the following criteria (**1 or 2**) is met:

1. **Primary prevention** — high SCD risk without occurrence of a life-threatening VT or VF and **≥ 1** (a–i):
    a. Ischemic cardiomyopathy with NYHA functional Class I symptoms and **both**:
        i. History of myocardial infarction (MI) ≥ 40 days prior to ICD treatment
        ii. LVEF ≤ 30%
    b. Ischemic cardiomyopathy with NYHA functional Class II or Class III symptoms and **both**:
        i. History of MI ≥ 40 days prior to ICD treatment
        ii. LVEF ≤ 35%
    c. Nonischemic dilated cardiomyopathy and **all**:
        i. LVEF ≤ 35%
        ii. Reversible causes excluded
        iii. Refractory to optimal medical therapy (defined as 3 months of maximally titrated doses, as tolerated, of an ACE inhibitor, beta-blocker and diuretic)
    d. Hypertrophic cardiomyopathy (HCM) with **≥ 1** of the following major SCD risk factors:
        i. History of premature HCM-related sudden death in ≥ 1 first degree relative at < 50 years of age
        ii. LVH ≥ 30 mm
        iii. Documented VT with heart rates ≥ 120 beats per minute on 24-hour Holter monitor

iv. Left ventricular wall thickness ≥ 3cm

v. Hypotensive response to exercise treadmill testing (ETT)

vi. Prior unexplained syncope that is inconsistent with neurocardiogenic origin

e. Documented LMNA gene mutations (lamin A/C deficiency) with **either**:

i. Cardiomyopathy

ii. Symptomatic cardiac arrhythmias

f. Long QT syndrome (LQTS) and **any**:

i. Prior cardiac arrest

ii. Syncope and/or VT while on beta blocker pharmacotherapy

iii. Asymptomatic with **≥1** of the following risk factors for SCD:

- QTc greater than 500 msec
- LQT2 or LQT3
- Family history of sudden death

g. Brugada syndrome (BrS) and **≥ 1**:

i. Prior cardiac arrest

ii. Spontaneous sustained VT with/without syncope

iii. Spontaneous diagnostic type 1 ECG with positive history of syncope, seizure or nocturnal agonal respiration after noncardiac causes have been ruled out

iv. Development of VF during programmed electrical stimulation

h. Catecholaminergic polymorphic ventricular tachycardia (CPVT) and **≥ 1**:

i. Prior cardiac arrest

ii. Recurrent syncope

iii. Polymorphic/bidirectional VT unresponsive to medical management or left cardiac sympathetic denervation

i. Cardiac sarcoidosis, giant cell myocarditis or Chagas disease (regardless of LV ejection fraction)

j. LV non-compaction cardiomyopathy with either of the following:

i. Positive family SCD history

ii. Impaired LVEF of < 50 %

k. Arrhythmogenic right ventricular dysplasia (ARVD)

2. **Secondary prevention** — Member has experienced occurrence of life-threatening clinical event associated with ventricular arrhythmic events (e.g., sustained VT) when reversible causes (e.g., acute ischemia, drug toxicity, electrolyte abnormalities, etc.) have been excluded

## II. Transvenous ICD — pediatrics

Considered medically necessary when **≥ 1** of the following criteria (1–9) are met:

1. Prior cardiac arrest after reversible causes excluded
2. Symptomatic sustained VT in association with congenital heart disease in members who have undergone hemodynamic and electrophysiologic evaluation
3. Congenital heart disease with recurrent syncope of undetermined origin in the presence of either ventricular dysfunction or inducible ventricular arrhythmias
4. Hypertrophic cardiomyopathy (HCM) with ≥ 1 of the following SCD risk factors:
    a. History of premature HCM-related sudden death in ≥ 1 first-degree relative at < 50 years of age
    b. Massive left ventricular hypertrophy
    c. Prior unexplained syncope that is inconsistent with neurocardiogenic origin
5. Documented LMNA gene mutations (lamin A/C deficiency) with **≥ 1**:
    a. Cardiomyopathy
    b. Symptomatic cardiac arrhythmias
6. Long QT syndrome (LQTS) and **> 1**:
    a. Prior cardiac arrest
    b. Recurrent syncopal events while on beta blocker pharmacotherapy
7. Brugada syndrome (BrS) and **≥ 1**:
    a. Prior cardiac arrest
    b. Documented spontaneous sustained ventricular tachycardia (VT) with/without syncope
    c. Spontaneous diagnostic type 1 ECG with a history of syncope, seizure or nocturnal agonal respiration after noncardiac causes have been excluded
    d. Development of VF during programmed electrical stimulation
8. Catecholaminergic polymorphic ventricular tachycardia (CPVT) and **≥ 1**:
    a. Prior cardiac arrest
    b. Recurrent syncope
    c. Polymorphic/bidirectional VT unresponsive to medical management or left cardiac sympathetic denervation

## III. S-ICD — adults or pediatrics

Considered medically necessary for members who meet the transvenous ICD clinical criteria above and who do not have symptomatic bradycardia, incessant VT (or spontaneous frequently recurring VT) that is reliably terminated with anti-tachycardia pacing or who have previous endocarditis or infection associated with conventional ICDs.

Note: ConnectiCare considers the use of an FDA-approved implantable cardioverter defibrillator (ICD) device, combined with cardiac resynchronization therapy (i.e., CRT/ICD), to be medically necessary when Resynchronization (Biventricular Pacing) criteria are met (MCG #ACG: A-0167 (AC).

## Limitations/Exclusions

The use of either a subcutaneous or transvenous ICD is considered investigational and not medically necessary for clinical conditions other than those listed above, as well as when the specific criteria are not met.

Implantable cardioverter defibrillators with a built -in ST-segment monitoring feature (aka ICD - based ischemia monitors) are not considered medically necessary for any indication (in adults or children) due to insufficient evidence of therapeutic value.

Cardioverter-defibrillators are not considered medically necessary when other disease processes are present that clearly and severely limit estimated life expectancy to less than one 1 year.

EmblemHealth will cover surveillance of ICDs as a face-to-face or remote service to monitor behavior of the device, to investigate symptoms such as post-event shock, and syncope, ICD malfunction or device failure. Surveillance of ICDs is also indicated to program device evaluation and adjustment and for patients prior to surgery or other procedures to modify or disable the device during the procedure. Remote interrogation is a single 90-day service, while in-person interrogation can be reported for each day it is performed.

The replacement of an ICD pulse generator/leads is considered medically necessary when:

1. Equipment is damaged or malfunctioning
2. Manufacturer product labeling details medically necessary replacement scenario(s)
3. Change in member's medical condition

The placement of substernal electrode leads is considered investigational due to insufficient evidence of therapeutic value. (CPT: 0571T, 0572T, 0573T, 0574T, 0575T, 0576T, 0577T, 0578T, 0579T, 0580T and 0614T)

## Procedure Codes

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| 0650T | Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of the implantable device to test the function of the device and select optimal permanently programmed values with analysis, review and report by a physician or other qualified health care professional |
| 33202 | Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach) |
| 33203 | Insertion of epicardial electrode(s); endoscopic approach (eg, 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 |

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| 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 (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure) |
| 33226 | Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator) |
| 33230 | Insertion of implantable defibrillator pulse generator only; with existing dual leads |
| 33231 | Insertion of implantable defibrillator pulse generator only; with existing multiple leads |
| 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 |
| 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 |
| 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 |
| 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, |

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| | review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system |
| 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 |
| 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 |
| 93287 | Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system |
| 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 |
| 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 |
| 93296 | Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results |
| 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) |
| 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-10 Diagnoses

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| B57.0 | Acute Chagas' disease with heart involvement |
| B57.2 | Chagas' disease (chronic) with heart involvement |
| D86.85 | Sarcoid myocarditis |
| I01.1 | Acute rheumatic endocarditis |
| I01.2 | Acute rheumatic myocarditis |
| 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 |

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| 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 |
| I21.9 | Acute myocardial infarction |
| I21.A1 | Myocardial infarction type 2 |
| I21.A9 | Other myocardial infarction type |
| 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 |
| I24.0 | Acute coronary thrombosis not resulting in myocardial infarction |
| I24.1 | Dressler's syndrome |
| I24.8 | Other forms of acute ischemic heart disease |
| I24.9 | Acute ischemic heart disease, unspecified |
| I25.10 | Atherosclerotic heart disease of native coronary artery without angina pectoris |
| I25.110 | Atherosclerotic heart disease of native coronary artery with unstable angina pectoris |
| I25.111 | Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm |
| I25.112 | Atherosclerotic heart disease of native coronary artery with refractory angina pectoris (eff. 10/1/2022) |
| I25.118 | Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris |
| I25.119 | Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris |
| I25.2 | Old myocardial infarction |
| I25.5 | Ischemic cardiomyopathy |
| I25.6 | Silent myocardial ischemia |
| I25.810 | Atherosclerosis of coronary artery bypass graft(s) without angina pectoris |
| I25.811 | Atherosclerosis of native coronary artery of transplanted heart without angina pectoris |
| I25.812 | Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris |
| I25.82 | Chronic total occlusion of coronary artery |
| I25.83 | Coronary atherosclerosis due to lipid rich plaque |
| I25.84 | Coronary atherosclerosis due to calcified coronary lesion |

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| I25.89 | Other forms of chronic ischemic heart disease |
| I25.9 | Chronic ischemic heart disease, unspecified |
| I33.0 | Acute and subacute infective endocarditis |
| I33.9 | Acute and subacute endocarditis, unspecified |
| I38 | Endocarditis, valve unspecified |
| I40.1 | Isolated myocarditis |
| 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 |
| I45.89 | Other specified conduction disorders |
| I46.2 | Cardiac arrest due to underlying cardiac condition |
| I46.8 | Cardiac arrest due to other underlying condition |
| I46.9 | Cardiac arrest, cause unspecified |
| I47.1 | Supraventricular tachycardia |
| I47.20 | Ventricular tachycardia, unspecified (eff. 10/1/2022) |
| I47.21 | Torsades de pointes (eff. 10/1/2022) |
| I47.29 | Other ventricular tachycardia (eff. 10/1/2022) |
| I47.9 | Paroxysmal tachycardia, unspecified |
| I49.01 | Ventricular fibrillation |
| I49.02 | Junctional premature depolarization |
| I49.3 | Ventricular premature depolarization |
| I49.8 | Other specified cardiac arrhythmias |
| I49.9 | Cardiac arrhythmia, unspecified |
| I50.21 | Acute systolic (congestive) heart failure |
| I50.22 | Chronic systolic (congestive) heart failure |

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| I50.23 | Acute on chronic systolic (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 |
| I50.84 | End stage heart failure |
| I50.9 | Heart failure, unspecified |
| Q24.8 | Other specified congenital malformations of heart |
| Q24.9 | Congenital malformation of heart, unspecified |
| R55 | Syncope and collapse |
| T82.110A | Breakdown (mechanical) of cardiac electrode, initial encounter |
| T82.110D | Breakdown (mechanical) of cardiac electrode, subsequent encounter |
| T82.110S | Breakdown (mechanical) of cardiac electrode, sequela |
| T82.111A | Breakdown (mechanical) of cardiac pulse generator (battery), initial encounter |
| T82.111D | Breakdown (mechanical) of cardiac pulse generator (battery), subsequent encounter |
| T82.111S | Breakdown (mechanical) of cardiac pulse generator (battery), sequela |
| T82.118A | Breakdown (mechanical) of other cardiac electronic device, initial encounter |
| T82.118D | Breakdown (mechanical) of other cardiac electronic device, subsequent encounter |
| T82.118S | Breakdown (mechanical) of other cardiac electronic device, sequela |
| T82.119A | Breakdown (mechanical) of unspecified cardiac electronic device, initial encounter |
| T82.119D | Breakdown (mechanical) of unspecified cardiac electronic device, subsequent encounter |
| T82.119S | Breakdown (mechanical) of unspecified cardiac electronic device, sequela |
| T82.120A | Displacement of cardiac electrode, initial encounter |
| T82.120D | Displacement of cardiac electrode, subsequent encounter |
| T82.120S | Displacement of cardiac electrode, sequela |
| T82.121A | Displacement of cardiac pulse generator (battery), initial encounter |
| T82.121D | Displacement of cardiac pulse generator (battery), subsequent encounter |
| T82.121S | Displacement of cardiac pulse generator (battery), sequela |
| T82.128A | Displacement of other cardiac electronic device, initial encounter |
| T82.128D | Displacement of other cardiac electronic device, subsequent encounter |
| T82.128S | Displacement of other cardiac electronic device, sequela |
| T82.129A | Displacement of unspecified cardiac electronic device, initial encounter |
| T82.129D | Displacement of unspecified cardiac electronic device, subsequent encounter |
| T82.129S | Displacement of unspecified cardiac electronic device, sequela |
| T82.190A | Other mechanical complication of cardiac electrode, initial encounter |

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| T82.190D | Other mechanical complication of cardiac electrode, subsequent encounter |
| T82.190S | Other mechanical complication of cardiac electrode, sequela |
| T82.191A | Other mechanical complication of cardiac pulse generator (battery), initial encounter |
| T82.191D | Other mechanical complication of cardiac pulse generator (battery), subsequent encounter |
| T82.191S | Other mechanical complication of cardiac pulse generator (battery), sequela |
| T82.198A | Other mechanical complication of other cardiac electronic device, initial encounter |
| T82.198D | Other mechanical complication of other cardiac electronic device, subsequent encounter |
| T82.198S | Other mechanical complication of other cardiac electronic device, sequela |
| T82.199A | Other mechanical complication of unspecified cardiac device, initial encounter |
| T82.199D | Other mechanical complication of unspecified cardiac device, subsequent encounter |
| T82.199S | Other mechanical complication of unspecified cardiac device, sequela |
| T82.6XXA | Infection and inflammatory reaction due to cardiac valve prosthesis, initial encounter |
| T82.6XXD | Infection and inflammatory reaction due to cardiac valve prosthesis, subsequent encounter |
| T82.6XXS | Infection and inflammatory reaction due to cardiac valve prosthesis, sequela |
| T82.7XXA | Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts, initial encounter |
| T82.7XXD | Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts, subsequent encounter |
| T82.7XXS | Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts, sequela |
| Z00.6 | Encounter for examination for normal comparison and control in clinical research program |
| Z45.02 | Encounter for adjustment and management of automatic implantable cardiac defibrillator |
| Z76.82 | Awaiting organ transplant status |
| Z86.74 | Personal history of sudden cardiac arrest |

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## Revision History

| Company(ies) | DATE | REVISION |
|---|---|---|
| ConnectiCare | May 9, 2025 | Transferred policy content to individual company branded template |
| EmblemHealth ConnectiCare | Jul. 24, 2020 | Added that substernal leads are investigational |
| EmblemHealth ConnectiCare | Jul. 8, 2020 | Added arrhythmogenic right ventricular dysplasia (ARVD) to adult transvenous ICD section |