Local Coverage Determination (LCD): Automatic External Defibrillators (L33690)

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Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
CGS Administrators, LLC	DME MAC	17013 - DME MAC J-B		Illinois Indiana Kentucky Michigan Minnesota Ohio Wisconsin
CGS Administrators, LLC	DME MAC	18003 - DME MAC J-C		Alabama Arkansas Colorado Florida Georgia Louisiana Mississippi North Carolina New Mexico Oklahoma Puerto Rico South Carolina Tennessee Texas Virginia Virgin Islands West Virginia
Noridian Healthcare Solutions, LLC	DME MAC	16013 - DME MAC J-A		Connecticut District of Columbia Delaware Massachusetts Maryland Maine New Hampshire New Jersey New York - Entire State Pennsylvania Rhode Island Vermont
Noridian Healthcare Solutions, LLC	DME MAC	19003 - DME MAC J-D		Alaska American Samoa Arizona California - Entire State Guam Hawaii Iowa Idaho Kansas Missouri - Entire State Montana North Dakota Nebraska Nevada Oregon South Dakota

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
				Utah Washington Wyoming Northern Mariana Islands

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LCD Information

Document Information

LCD ID
L33690

Original ICD-9 LCD ID
L13877
L27232
L13613
L13577

LCD Title
Automatic External Defibrillators

Original Effective Date
For services performed on or after 10/01/2015

Revision Effective Date
For services performed on or after 01/01/2017

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N/A

Notice Period End Date
N/A

CMS National Coverage Policy NONE

Coverage Guidance
Coverage Indications, Limitations, and/or Medical Necessity

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements.

The purpose of a Local Coverage Determination (LCD) is to provide information regarding "reasonable and necessary" criteria based on Social Security Act § 1862(a)(1)(A) provisions.

In addition to the "reasonable and necessary" criteria contained in this LCD there are other payment rules, which are discussed in the following documents, that must also be met prior to Medicare reimbursement:

- The LCD-related Standard Documentation Requirements Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- The LCD-related Policy Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- Refer to the Supplier Manual for additional information on documentation requirements.
- Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

For the items addressed in this LCD, the "reasonable and necessary" criteria, based on Social Security Act § 1862(a)(1)(A) provisions, are defined by the following coverage indications, limitations and/or medical necessity.

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

I. A wearable defibrillator (K0606) is covered for beneficiaries if they meet one of the criteria (1-4), described below:
   1. A documented episode of ventricular fibrillation or a sustained, lasting 30 seconds or longer, ventricular tachyarrhythmia. These dysrhythmias may be either spontaneous or induced during an electrophysiologic (EP) study, but may not be due to a transient or reversible cause and not occur during the first 48 hours of an acute myocardial infarction; or
   2. Familial or inherited conditions with a high risk of life-threatening ventricular tachyarrhythmia such as long QT syndrome or hypertrophic cardiomyopathy; or
   3. Either documented prior myocardial infarction or dilated cardiomyopathy and a measured left ventricular ejection fraction less than or equal to 0.35; or
   4. A previously implanted defibrillator now requires explantation

   Reference ICD-10 Codes that Support Medical Necessity section for applicable diagnoses.

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

A. The beneficiary 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 tachyarrythmias 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; 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. Beneficiaries must not have:
      a. Cardiogenic shock or symptomatic hypotension while in a stable baseline rhythm; or,
      b. Had a coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) within past 3 months; or,
      c. Had an enzyme-positive MI within past month; or,
      d. Clinical symptoms or findings that would make them a candidate for coronary revascularization; or,
      e. Irreversible brain damage from preexisting cerebral disease; or,
      f. Any disease, other than cardiac disease (e.g. cancer, uremia, liver failure), associated with a likelihood of survival less than one year.
   6. Beneficiaries 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) ≤ 35%.
   7. Beneficiaries with nonischemic dilated cardiomyopathy (NIDCM) > 3 months, NYHA Class II and III heart failure, and measured LVEF ≤ 35%
   8. Beneficiaries who meet one of the previous criteria (1-7) and have NYHA Class IV heart failure

B. Implantation surgery is contraindicated

C. A previously implanted defibrillator now requires explantation

Reference ICD-10 Codes that Support Medical Necessity section for applicable diagnoses.

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

GENERAL

A Detailed Written Order (DWO) (if applicable) must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving a completed DWO, the claim shall be denied as not reasonable and necessary.

For Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) base items that require a Written Order Prior to Delivery (WOPD), the supplier must also obtain a DWO before submitting a claim for any associated options, accessories, and/or supplies that are separately billed. In this scenario, if the supplier bills for associated options, accessories, and/or supplies without first receiving a completed DWO, the claim shall be denied as not reasonable and necessary.

A WOPD (if applicable) must be received by the supplier before a DMEPOS item is delivered to a beneficiary. If a supplier delivers a DMEPOS item without first receiving a completed WOPD, the claim shall be statutorily denied. Refer to the LCD-related Policy Article, located at the bottom of this policy under the Related Local Coverage Documents section.

An item/service is correctly coded when it meets all the coding guidelines listed in CMS HCPCS guidelines, LCDs, LCD-related Policy Articles, or DME MAC articles. Claims that do not meet coding guidelines shall be denied as not reasonable and necessary/incorrectly coded.

Proof of delivery (POD) is a Supplier Standard and DMEPOS suppliers are required to maintain POD

documentation in their files. Proof of delivery documentation must be made available to the Medicare contractor upon request. All services that do not have appropriate proof of delivery from the supplier shall be denied as not reasonable and necessary.

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Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes

Group 1 Paragraph: The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS:

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

GA – Waiver of liability statement issued as required by payer policy, individual case

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

KF – Item designated by FDA as class III device

KX – Requirements specified in the medical policy have been met

HCPCS CODES:

Group 1 Codes:

A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED
E0617	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS
K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE
K0607	REPLACEMENT BATTERY FOR AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT TYPE ONLY, EACH

K0608	REPLACEMENT GARMENT FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR, EACH
K0609	REPLACEMENT ELECTRODES FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT TYPE ONLY, EACH

ICD-10 Codes that Support Medical Necessity
Group 1 Paragraph: The presence of an ICD-10 code listed in this section is not sufficient by itself to assure coverage. Refer to the section on "Coverage Indications, Limitation and/or Medical Necessity" for other coverage criteria and payment information.

For HCPCS Code E0617

Group 1 Codes:

ICD-10 Codes	Description
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
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
I42.1	Obstructive hypertrophic cardiomyopathy
I42.2	Other hypertrophic cardiomyopathy
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
I47.2	Ventricular tachycardia
I49.01	Ventricular fibrillation
I49.02	Ventricular flutter
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
T82.6XXA	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

Group 2 Paragraph: For HCPCS coded K0606-K0609

Group 2 Codes:

ICD-10 Codes	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
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site
I21.4	Non-ST elevation (NSTEMI) myocardial infarction
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
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
I47.2	Ventricular tachycardia
I49.01	Ventricular fibrillation
I49.02	Ventricular flutter
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
T82.6XXA	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 DO NOT Support Medical Necessity
Group 1 Paragraph: All ICD-10 codes that are not specified in the previous section.

Group 1 Codes: N/A

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General Information

Associated Information
DOCUMENTATION REQUIREMENTS

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

GENERAL DOCUMENTATION REQUIREMENTS

In order to justify payment for DMEPOS items, suppliers must meet the following requirements:

- Prescription (orders)
- Medical Record Information (including continued need/use if applicable)
- Correct Coding
- Proof of Delivery

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information regarding these requirements.

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

Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

POLICY SPECIFIC DOCUMENTATION REQUIREMENTS

Items covered in this LCD have additional policy-specific requirements that must be met prior to Medicare reimbursement.

Refer to the LCD-related Policy article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information.

Miscellaneous

Appendices

Myocardial infarctions are defined by elevated cardiac enzymes or Q-waves on an electrocardiogram. Reference ICD-10 Codes that Support Medical Necessity for applicable diagnoses.

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

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

Utilization Guidelines

Refer to Coverage Indications, Limitations and/or Medical Necessity

Sources of Information and Basis for Decision
N/A Back to Top

Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
01/01/2017	R4	Revision Effective Date: 01/01/2017 COVERAGE INDICATIONS, INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY: Removed: Standard Documentation Language Added: New reference language and directions to Standard Documentation Requirements Added: General Requirements DOCUMENTATION REQUIREMENTS: Removed: Standard Documentation Language Added: General Documentation Requirements Added: New reference language and directions to Standard Documentation Requirements POLICY SPECIFIC DOCUMENTATION REQUIREMENTS: Removed: Standard Documentation Language Added: Direction to Standard Documentation Requirements Removed: Supplier Manual reference from Miscellaneous Removed: PIM reference from Appendices RELATED LOCAL COVERAGE DOCUMENTS: Added: LCD-related Standard Documentation Requirements article	• Provider Education/Guidance
07/01/2016	R3	Revision Effective Date 07/01/2016 COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY: Revised: Standard Documentation language - ACA order requirements – Effective 04/28/16 DOCUMENTATION REQUIREMENTS: Revised: Standard documentation language for orders, ACA requirements, and Proof of delivery instructions; added New order requirements, and Correct coding instructions – Effective 04/28/16	• Provider Education/Guidance
07/01/2016	R2	Effective July 1, 2016 oversight for DME MAC LCDs is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the LCDs.	• Change in Assigned States or Affiliated Contract Numbers
10/01/2015	R1	Revision Effective Date: 10/31/2014 COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY: Revised: Standard Documentation Language to add covered prior to a beneficiary's Medicare eligibility DOCUMENTATION REQUIREMENTS: Revised: Standard Documentation Language to add who can enter date of delivery date on the POD Added: Instructions for Equipment Retained from a Prior Payer Revised: Repair to beneficiary-owned DMEPOS	• Provider Education/Guidance

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Associated Documents

Attachments N/A

Related Local Coverage Documents Article(s) A52458 - Automatic External Defibrillators - Policy Article A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs

Related National Coverage Documents N/A

Public Version(s) Updated on 04/26/2017 with effective dates 01/01/2017 - N/A Updated on 08/10/2016 with effective dates 07/01/2016 - 12/31/2016 Updated on 06/07/2016 with effective dates 07/01/2016 - N/A Updated on 04/30/2015 with effective dates 10/01/2015 - 06/30/2016 Updated on 04/04/2014 with effective dates 10/01/2015 - N/A Back to Top

Keywords

N/A Read the **LCD Disclaimer** Back to Top

END OF LOCAL COVERAGE DETERMINATION

Per the Code of Federal Regulations, 42 C.F.R § 426. 325, only those portions of the currently effective Local Coverage Determination (LCD) that are based on section 1862(a)(1)(A) of the Social Security Act, may be challenged through an acceptable complaint as described in 42 C.F.R § 426.400. Also, per 42 C.F.R § 426.325 items that are not reviewable, and therefore cannot be challenged, include the Policy Article. Please note the distinction of the documents when reviewing the materials.

Local Coverage Article:
Automatic External Defibrillators - Policy Article (A52458)

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Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
CGS Administrators, LLC	DME MAC	17013 - DME MAC J-B	J-B	Illinois Indiana Kentucky Michigan Minnesota Ohio Wisconsin
CGS Administrators, LLC	DME MAC	18003 - DME MAC J-C	J-C	Alabama Arkansas Colorado Florida Georgia Louisiana Mississippi North Carolina New Mexico Oklahoma Puerto Rico South Carolina Tennessee Texas Virginia Virgin Islands West Virginia
Noridian Healthcare Solutions, LLC	DME MAC	16013 - DME MAC J-A	J-A	Connecticut District of Columbia Delaware Massachusetts Maryland Maine New Hampshire New Jersey New York - Entire State Pennsylvania Rhode Island Vermont
Noridian Healthcare Solutions, LLC	DME MAC	19003 - DME MAC J-D	J-D	Alaska American Samoa Arizona California - Entire State Guam Hawaii Iowa Idaho Kansas Missouri - Entire State Montana North Dakota Nebraska Nevada Oregon South Dakota

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
				Utah Washington Wyoming Northern Mariana Islands

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Article Information

General Information

Article ID
A52458

Original ICD-9 Article ID
A23871
A47061
A23905
A23892

Article Title
Automatic External Defibrillators - Policy Article

Original Article Effective Date
10/01/2015

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01/01/2017

Revision Ending Date
N/A

Retirement Date
N/A

Article Guidance

Article Text:

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. Information provided in this policy article relates to determinations other than those based on Social Security Act §1862(a)(1)(A) provisions (i.e. "reasonable and necessary").

Automatic external defibrillators are covered under the Durable Medical Equipment benefit (Social Security Act §1861(s)(6). In order for a beneficiary's DME to be eligible for reimbursement, the reasonable and necessary (R&N) requirements set out in the related Local Coverage Determination must be met. In addition, there are specific statutory payment policy requirements, discussed below, that also must be met.

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO 42 CFR 410.38(g)

42 CFR 410.38(g) requires a face-to-face evaluation and a specific written order prior to delivery for specified HCPCS codes. CMS provides a list of the specified codes, which is periodically updated, located here.

Claims for the specified items subject to 42 CFR 410.38(g) that do not meet the requirements specified in the LCD-related Standard Documentation Requirements Article will be denied as statutorily noncovered – failed to meet statutory requirements.

If the supplier delivers the item prior to receipt of a written order, it will be denied as statutorily noncovered. If the written order is not obtained prior to delivery, payment will not be made for that item even if a written order is subsequently obtained. If a similar item is subsequently provided by an unrelated supplier who has obtained a written order prior to delivery, it will be eligible for coverage.

POLICY SPECIFIC DOCUMENTATION REQUIREMENTS

In addition to policy specific documentation requirements, there are general documentation requirements that are applicable to all DMEPOS policies. These general requirements are located in the DOCUMENTATION REQUIREMENTS section of the LCD.

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this Policy Article under the Related Local Coverage Documents section for additional information regarding GENERAL DOCUMENTATION REQUIREMENTS and the POLICY SPECIFIC DOCUMENTATION REQUIREMENTS discussed below.

The diagnosis code that justifies the need for these items must be included on the claim.

MODIFIERS

KX, GA, AND GZ MODIFIERS:

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

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

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

Coding Guidelines

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

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

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

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

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

Replacement supplies and accessories for use with E0617 are coded using A9999.

The KF modifier must be added to claim lines for codes K0606 and E0617 only if the device is classified by the Food and Drug Administration as a class III device.

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

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes N/A

ICD-10 Codes that are Covered N/A
ICD-10 Codes that are Not Covered N/A
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Revision History Information

Revision History Date	Revision History Number	Revision History Explanation
01/01/2017	R4	Revision Effective Date: 01/01/2017 NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES: Added: 42 CFR 410.38(g) POLICY SPECIFIC DOCUMENTATION REQUIREMENTS: Added: Modifier instructions RELATED LOCAL COVERAGE DOCUMENTS: Added: LCD-related Standard Documentation Requirements Language Article
07/01/2016	R3	Revision Effective Date: 07/01/2015 NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES: Revised Standard Language to add Statutory prescription (order) requirements, revised Face to Face and ACA requirements (Effective 04/28/2016)

Revision History Date	Revision History Number	Revision History Explanation
07/01/2016	R2	Effective July 1, 2016 oversight for DME MAC Articles is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the Articles.
10/01/2015	R1	Revision Effective Date: 10/31/2014 NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES: Removed: "When required by state law" from ACA new prescription requirements Revised: Face-to-Face Requirements for treating practitioner

Back to Top **Related Local Coverage Document(s)** Article(s) A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs LCD(s) L33690 - Automatic External Defibrillators

Related National Coverage Document(s) N/A

Statutory Requirements URL(s) N/A

Rules and Regulations URL(s) N/A

CMS Manual Explanations URL(s) N/A

Other URL(s) N/A

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Keywords

N/A Read the **Article Disclaimer** Back to Top