HIGHMARK WHOLECARE

CLINICAL MEDICAL POLICY	
Policy Name:	Automatic External Defibrillators (AED) (L33690)
Policy Number:	MP-051-MC-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	10/26/2026; 05/01/2025; 06/01/2024; 06/01/2023; 06/01/2022; 01/13/2022; 03/19/2021; 03/16/2020; 05/06/2019; 04/15/2018
Retirement Effective Date:	12/26/2026
Revision Date:	04/15/2026; 04/16/2025; 04/17/2024; 04/19/2023; 04/20/2022; 05/19/2021; 02/17/2021; 02/19/2020; 02/20/2019; 08/23/2018
Products:	Pennsylvania Medicare Assured
Application:	All participating and nonparticipating practitioners and facilities unless contractually precluded
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Policy History

Date	Activity
12/26/2026	Retirement Effective date
04/15/2026	Qi/UM Committee review
04/15/2026	Policy to be Retired. InterQual criteria exist for all codes listed in the 'Coding Requirements' section.
06/01/2025	Provider Effective date
04/16/2025	QI/UM Committe review
04/16/2025	Annual Review: No changes to clinical criteria. Updated 'Reference Sources' section.
07/01/2024	Provider Effective date
04/17/2024	QI/UM Committee review
04/17/2024	Annual Review: No changes to clinical criteria. Updated CMS hyperlinks. Added CD-10-CM code I21.B to Groups 1 and 2 Codes due to ICD-10-CM code updates.
07/01/2023	Provider Effective date
04/19/2023	QI/UM Committee review
04/19/2023	Annual Review: No changes to clinical criteria. Removed: ICD-10-CM code I47.2 from Group 1 and Group 2 Diagnosis Codes. Added ICD-10-CM codes I47.20, I47.21 and I47.29 to Group 1 and Group 2 Diagnosis Codes due to ICD-10-CM code updates. Updated CMS hyperlinks and 'Reference Sources' sections.
07/01/2022	Provider Effective date
04/20/2022	QI/UM Committee review

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04/20/2022	Urgent Review: Policy reinstated after retirement due to transfer to HealthHelp. No changes to clinical criteria. Updated CMS hyperlinks.
02/13/2022	Provider Effective Date for Retirement
05/19/2021	Policy will be retired as codes will now be managed by Health Help.
05/19/2021	QIUM Committee Review
04/19/2021	Provider Effective Date
02/17/2021	Annual Review: Updated to new Medicare format, updated links, corrected ICD-10 Codes I22.0, I22.1, & I22.2. Added HCPCS Code A9999.
02/05/2018	Initial policy developed

RETIRE

Disclaimer

Highmark Wholecare℠ medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark Wholecare℠ may provide coverage under the durable medical equipment (DME) benefits of the Company's Medicare products for medically necessary automatic external defibrillators (AED).

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

Procedures

1. Please review the specific National Coverage Determination (NCD), Local Coverage Determination LCD, and/or Local Coverage Article (LCA) information, as well as other CMS sources, using the links below.

2. Post-payment Audit Statement
   The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare℠ at any time pursuant to the terms of your provider agreement.

3. Place of Service
   The proper place of service for the administration of the AED is outpatient.

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Coverage Determination and Links

Highmark Wholecare℠ follows the coverage determinations made by CMS as outlined in either the NCD, LCD and/or the LCA.

CMS Link

- CMS Website

NCD/LCD Links

- NCD: There are no NCDs related to this topic.
- LCD: Automatic External Defibrillators (L33690)

Article Links

- LCA: Automatic External Defibrillators - Policy Article (A52458)

Reference Sources

Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) Automatic External Defibrillators (L33690). Original Effective Date October 1, 2015. Revision Effective Date January 1, 2020. Accessed on March 26, 2025.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Article (LCA) Automatic External Defibrillators (A52458). Original Effective Date October 1, 2015. Revision Effective Date October 1, 2023. Accessed on March 26, 2025.

Coding Requirements

Procedure Codes

Procedure Codes

CPT/HCPCS Code	Description
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
K0607	Replacement electrodes for use with automated external defibrillator, garment type only, each

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Code Modifiers

HCPCS Modifier	Description
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

Diagnosis Codes

Group 1 Codes
HCPCS code **E0617** will be applied to the Group 1 Diagnosis codes:

ICD-10 Code	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
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
I42.1	Obstructive hypertrophic cardiomyopathy
I42.2	Obstructive 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
I47.20	Ventricular tachycardia, unspecified
I47.21	Torsades de pointes
I47.29	Other ventricular tachycardia
I49.01	Ventricular fibrillation
I49.02	Ventricular flutter

RETIRED

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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

HCPCS codes **K0606, K0607, K0608**, and **K0609** will be applied to the Group 2 Diagnosis 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
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
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

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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 underlying cardiac 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
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

RETIRE

Reimbursement

Participating facilities will be reimbursed per their Highmark Wholecare℠ contract.

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