



Adding Extravascular Defibrillator Codes to National Coverage Determination 20.4: Implantable Cardiac Defibrillators

Related Change Request (CR) Information	
Number: 14253 Revised	Release Date: February 13, 2026
Effective Date: October 20, 2023	Implementation Date: April 6, 2026
Transmittal Numbers: R13483CP & R13641CP	
Title: Update to Claims Processing Instructions for National Coverage Determination (NCD) 20.4 Implantable Cardiac Defibrillators (ICDs)	

What's Changed?

We made no substantive changes to this article other than to update the CR release date, transmittal numbers, and transmittal links.

Affected Providers

- Physicians
- Hospitals
- Other providers billing Medicare Administrative Contractors (MACs) for implantable cardiac defibrillator (ICD) services

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Action Needed

Make sure your billing staff knows about changes to the [National Coverage Determination \(NCD\) 20.4 Implantable Cardioverter Defibrillators \(ICDs\)](#):

- Coverage of additional procedure codes for the Aurora™ extravascular ICD (EV-ICD) system, effective October 20, 2023
- Updates to the coding requirements in the Medicare Claims Processing Manual, Chapter 32, section 270

Key Updates

We're adding these CPT codes for the Aurora™ EV-ICD system to the list of payable ICD system codes under NCD 20.4, effective for claims with dates of service on or after October 20, 2023:

- 0571T—Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed
- 0572T—Insertion of substernal implantable defibrillator electrode
- 0573T—Removal of substernal implantable defibrillator electrode
- 0574T—Repositioning of previously implanted substernal implantable defibrillator-pacing electrode
- 0575T—Programming device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, 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
- 0576T—Interrogation device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter
- 0577T—Electrophysiological evaluation of implantable cardioverter-defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)
- 0578T—Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
- 0579T—Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results
- 0580T—Removal of substernal implantable defibrillator pulse generator only
- 0614T—Removal and replacement of substernal implantable defibrillator pulse generator

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Claims Processing Instructions

Submit claims for EV-ICD services with 1 of these ICD-10-CM diagnosis codes or pairs of codes found in group 1 of the Medicare Claims Processing Manual, Chapter 32, section 270:

- I42.1, I42.2, I45.6, I45.81, I45.89, I46.2, I46.9, I47.20, I47.21, I47.29, I49.01, I49.02, I49.3, I49.9, I5A, T82.110A, T82.111A, T82.118A, T82.119A, T82.120A, T82.121A, T82.128A, T82.129A, T82.190A, T82.191A, T82.198A, T82.199A, T82.7XXA, Z45.02, or Z86.74
- I25.2, I25.5, I42.0, I42.6, I42.7, or I42.8 **paired with** I50.21, I50.22, I50.23, I50.41, I50.42, or I50.43
- Z76.82 **paired with** I50.84 and Z00.6 (reported as other diagnosis)

Submit Medicare Part A claims with type of bill (TOB) 12X, 13X, or 85X. Submit Medicare Part B claims with place of service (POS) code 19, 21, 22, 24, or 26.

Your MAC will deny any EV-ICD claims you submitted with the wrong ICD-10-CM diagnosis code or code pair. Your MAC will return any EV-ICD claims you submitted with the wrong TOB or POS code.

Note: Your MAC won't search their files for EV-ICD claims; however, they'll adjust any claims you bring to their attention.

Background

When CMS first issued the NCD 20.4 ICD policy, only intravascular ICD systems were available. In October 2023, FDA approved the Aurora™ EV-ICD with its pivotal clinical trials concluding in 2024.

More Information

We issued transmittals [R13483CP](#) and [R13641CP](#) to your MAC as the official instructions for this change. For more information, find your [MAC's website](#).

Document History

Date of Change	Description
February 17, 2026	We made no substantive changes to this article other than to update the CR release date, transmittal numbers, and transmittal links.
December 11, 2025	Initial article released.

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