

CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 13483

Department of Health & Human Services (DHHS)

Centers for Medicare & Medicaid Services (CMS)

Date: December 5, 2025

Change Request 14253

SUBJECT: Update to Claims Processing Instructions for National Coverage Determination (NCD) 20.4 Implantable Cardiac Defibrillators (ICDs)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to cover 11 procedure codes for the extravascular ICD (EV-ICD) system.

EFFECTIVE DATE: October 20, 2023

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: April 6, 2026

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	32/270/TOC
R	32/270/1/Coding Requirements for Implantable Cardiac Defibrillators (ICDs)
N	32/270/3/Messaging

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

Pub. 100-04	Transmittal: 13483	Date: December 5, 2025	Change Request: 14253
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**SUBJECT: Update to Claims Processing Instructions for National Coverage Determination (NCD) 20.4
Implantable Cardiac Defibrillators (ICDs)**

EFFECTIVE DATE: October 20, 2023

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: April 6, 2026

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to cover 11 procedure codes for the extravascular ICD (EV-ICD) system.

II. GENERAL INFORMATION

A. Background: When the policy was first issued, only intravascular ICD systems were available. In October 2023, however, the FDA approved the Aurora™ extravascular ICD (EV-ICD) system, with its pivotal clinical trials concluding in 2024.

B. Policy: The following procedure codes are payable for Aurora™ extravascular ICD (EV-ICD) system and added to the list of codes for ICD systems:

0571T – Insertion or replacement of an implantable cardioverter-defibrillator (ICD) 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 defibrillation electrode

0574T – Repositioning of a 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

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								Other			
		A/B MAC		D M E	Shared- System Maintainers			Other					
		A	B		H	H	H		M	I	S	S	W
14253.1	<p>Contractors shall accept claims for Aurora™ <u>extravascular</u> ICD (EV-ICD) system with the following Current Procedural Terminology (CPT) procedure codes:</p> <ul style="list-style-type: none"> • 0571T • 0572T • 0573T • 0574T • 0575T • 0576T • 0577T • 0578T • 0579T • 0580T • 0614T <p>NOTE: Please refer to National Coverage Determination (NCD) 20.4 for coverage criteria and Publication 100-04, Chapter 32, Section 270 for claims processing instructions.</p>	X	X					X	X				
14253.2	<p>Contractors shall process EV-ICD claims when submitted with CPT code 0571T, 0572T, 0573T, 0574T, 0575T, 0576T, 0577T, 0578T, 0579T, 0580T, or 0614T and the following criteria:</p> <ul style="list-style-type: none"> • Type of Bill (TOB) is 12X, 13X, or 85X AND, • Group 1- ICD-10 DIAGNOSIS CODES 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, Z86.74 <p>OR, 1 of the following:</p> <p>I25.2, I25.5, I42.0, I42.6, I42.7, I42.8</p>	X						X					

Number	Requirement	Responsibility							
		A/B MAC		D M E	Shared- System Maintainers			Other	
		A	B	H H H	M A C S S	F I S S	M C S S	V M S	C W F
	<p>AND, paired with 1 of the following:</p> <p>I50.21, I50.22, I50.23, I50.41, I50.42, I50.43</p> <p>OR</p> <p>Z76.82</p> <p>AND, paired with:</p> <p>I50.84</p> <p>AND Z00.6 (reported as other diagnosis)</p>								
14253.3	Contractors shall deny EV-ICD at the line level when submitted with CPT procedure codes 0571T, 0572T, 0573T, 0574T, 0575T, 0576T, 0577T, 0578T, 0579T, 0580T, or 0614T and submitted without the Group 1-ICD-10 diagnosis codes.	X			X				
14253.3.1	<p>Contractors shall use the following messages when denying claims:</p> <p>Claim Adjustment Reason Code (CARC) 167: This (these) diagnosis(es) is (are) not covered.</p> <p>Remittance Advice Remark Code (RARC) N386: “This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd/search.asp. If you do not have web access, you may contact the contractor to request a copy of the NCD.</p> <p>Group Code – (CO) or (PR) dependent upon liability. Use PR when:</p> <p>On institutional claims, Occurrence Code 32 is present, and the GA modifier is appended to a line</p>	X							

Number	Requirement	Responsibility							
		A/B MAC		D M E	Shared- System Maintainers			Other	
		A	B	H H H	M A C S S	F	M C S	V M S	C W F
	item with CPT 0571T, 0572T, 0573T, 0574T, 0575T, 0576T, 0577T, 0578T, 0579T, 0580T, or 0614T. MSN 15.20: “The following policies were used when we made this decision: NCD 20.4”. Spanish Version – “Las siguientes políticas fueron utilizadas cuando se tomó esta decisión: NCD 20.4”.								
14253.4	Contractors shall RTP claims when not submitted on TOBs 12X, 85X, or 13X.	X				X			
14253.5	Contractors shall process EV-ICD professional claims when submitted with CPT code 0571T, 0572T, 0573T, 0574T, 0575T, 0576T, 0577T, 0578T, 0579T, 0580T, or 0614T and submitted with the following criteria: <ul style="list-style-type: none">• Group 1- ICD-10 DIAGNOSIS CODES 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, Z86.74 OR, 1 of the following: I25.2, I25.5, I42.0, I42.6, I42.7, I42.8 AND, paired with 1 of the following: I50.21, I50.22, I50.23, I50.41, I50.42, I50.43 OR Z76.82 AND, paired with: I50.84		X			X			

Number	Requirement	Responsibility							
		A/B MAC		D M E	Shared- System Maintainers			Other	
		A	B	H H H	M A C S S	F	M C S	V M S	C W F
	AND Z00.6 (reported as other diagnosis) AND Place of Service (POS): 19, 21, 22, 24 or 26								
14253.6	Contractors shall deny a line-item on EV-ICD claims submitted with CPT code 0571T, 0572T, 0573T, 0574T, 0575T, 0576T, 0577T, 0578T, 0579T, 0580T, or 0614T and submitted without the required Group 1 ICD-10-CM diagnosis code.		X						
14253.6.1	Contractors shall deny a line-item on claims with the following messages: CARC 167: This (these) diagnosis(es) is (are) not covered. RAR C N386: This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd/search.asp . If you do not have web access, you may contact the contractor to request a copy of the NCD. Group Code – (CO) or (PR) dependent upon liability. Use PR on professional claims when the GA modifier is appended to a line item with CPT code 0571T, 0572T, 0573T, 0574T, 0575T, 0576T, 0577T, 0578T, 0579T, 0580T, or 0614T. MSN 15.20: The following policies were used when we made this decision: NCD 20.4. Spanish Version – Las siguientes políticas fueron utilizadas cuando se tomó esta decisión: NCD 20.4.		X						

Number	Requirement	Responsibility							
		A/B MAC		D M E	Shared- System Maintainers			Other	
		A	B	H H H	M A C S S	F I S S	M C S S	V M S	C W F
14253.7	<p>Contractors shall return as unprocessable claims for EV-ICD services when services were billed in other than Place of Service (POS): 19, 21, 22, 24 or 26 and use the following messages:</p> <p>CARC 58: Treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service.</p> <p>Group Code: CO</p>		X						
14253.8	Contractors shall not search their files for claims, but shall adjust claims that are brought to their attention.	X	X						

IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

Impacted Contractors: A/B MAC Part A, A/B MAC Part B

V. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1

Medicare Claims Processing Manual

Chapter 32 – Billing Requirements for Special Services

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(Rev.13483 Issued: 12-05-25)

270 – Claims Processing for Implantable Automatic Defibrillators (ICDs)

270.1 Coding Requirements for Implantable Cardiac Defibrillators (ICDs)

270.2 – Billing Requirements for Patients Enrolled in a Data Collection System

270.3 - Messaging

270.1– Coding Requirements for Implantable Cardiac Defibrillators (ICDs)
(Rev. 13483; Issued: 12-05-25; Effective: 10-20-23; Implementation: 04-06-26)

A. For outpatient institutional and professional claims with dates of service on or after February 15, 2018, contractors shall accept and pay outpatient and professional ICD services that meet the coverage criteria outlined in the NCD Manual, Section 20.4, using the following procedure/HCPCS codes:

Group 1 Device Codes (DEFIBRILLATOR SPECIFIC CODES):

33223, 33230, 33231, 33240, 33241, 33243, 33244, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, and G0448

Effective for claims with dates of service on or after October 1, **2023**, ICD-10 PCS 0WHC0GZ, 0WHC3GZ, 0WHC4GZ, 0WPC0GZ, 0WPC3GZ, 0WPC4GZ, 0WPCXGZ, 0WWC0GZ, 0WWC3GZ, 0WWC4GZ, 0WWCXGZ

Effective for claims with dates of service on or after October 20, 2023, Medicare also covers the following procedure codes for the Aurora™ extravascular ICD (EV-ICD) system:

0571T – insertion or replacement of an implantable cardioverter-defibrillator (ICD) 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 of sensing or therapeutic parameters), when performed

0572T – Insertion of substernal implantable defibrillator electrode

0573T – Removal of substernal implantable defibrillation electrode

0574T – Repositioning of a previously implanted substernal implantable defibrillator-pacing electrode.

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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

Group 2 Device Codes (DUAL DEVICE DEFIBRILLATOR/ PACEMAKER CODES):

33202, 33203, 33215, 33216, 33217, 33218, 33220, 33224, and 33225

Effective for Group 2 ASC claims with dates of service on or after January 1, 2023, Medicare covers HCPCS codes: C7537, C7538, C7539, and C7540

B. Effective for Professional claims with dates of service on or after February 15, 2018, contractors shall accept the following International Classification of Disease (ICD) -10 diagnosis codes for ICD services:

Group 1- ICD-10 Diagnosis Codes

*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, Z86.74, and (Z00.6 ONLY in the context of a Category B IDE trial denoted by the presence of an IDE number)*

Effective for Claims with dates of service on or after October 1, 2021, Medicare covers ICD-10 diagnosis code I5.A

Effective for Claims with dates of service on or after October 1, 2022, Medicare covers

ICD-10 diagnosis codes I47.20, I47.21, I47.29

Effective for Claims with dates of service on or after September 30, 2023, Medicare covers ICD-10 diagnosis codes I47.10, I47.11, I47.19

Group 2 - ICD-10 Diagnosis Codes

G90.01, I42.1, I47.20, I47.21, I47.29, I44.0, I44.1, I44.2, I44.30, I44.7, I45.10, I45.19, I45.2, I45.3, I45.6, I45.81, I45.89, I46.2, I46.9, I47.1, I47.2, I47.9, I48.11, I48.19, I48.3, I48.4, I48.91, I48.92, I49.01, I49.02, I49.3, I49.5, I49.9, Q24.6, 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, Z00.6, Z45.02, and Z86.74

Effective on or after September 30, 2023, Medicare no longer covers ICD-10 diagnosis code I47.1

Effective on or after October 1, 2023. Medicare covers ICD-10 diagnosis codes I47.10, I47.11, I47.19

Note: Codes **BOLDED** indicate pacemaker diagnosis codes.

C. Effective for outpatient institutional claims with dates of service on or after February 15, 2018, that contain a procedure/HCPCS code from Group 1; contractors shall accept one (1) of the following three (3) conditions for diagnosis codes for ICD services:

Group 1- ICD-10 Diagnosis Codes

One of the following ICD-10 diagnosis codes: 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, Z86.74, (Z00.6), Effective October 1, 2021: I5.A Effective on or after September 30, 2023, Medicare covers ICD-10 diagnosis codes I47.10, I47.11, I47.19

1)

ONLY in the context of a Category B IDE trial denoted by the presence of an IDE number)
OR

2) One of the following ICD-10 diagnosis codes: I25.2, I25.5, I42.0, I42.6, I42.7, I42.8; paired with one of the following ICD-10 diagnosis codes: I50.21, I50.22, I50.23, I50.41, I50.42, I50.43

OR

3) The following ICD-10 diagnosis codes: Z76.82; paired with the following ICD-10 diagnosis codes: I50.84

Effective for outpatient institutional claims with dates of service on or after February 15, 2018, that contain a procedure/HCPCS code from Group 2; contractors shall accept one

(1) of the following three (3) conditions for diagnosis codes for ICD services:

Group 2 - ICD-10 Diagnosis Codes

One of the following ICD-10 diagnosis codes: **G90.01, I42.1, I42.2, I44.0, I44.1, I44.2, I44.30, I44.7, I45.10, I45.19, I45.2, I45.3, I45.6, I45.81, I45.89, I46.2, I46.9, I47.1, I47.20, I47.21, I47.29, I47.9, I48.11, I48.19, I48.3, I48.4, I48.91, I48.92, I49.01, I49.02, I49.3, I49.5, I49.9, Q24.6, 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, Z86.74, (Z00.6 ONLY in the context of a Category B IDE trial denoted by the presence of an IDE number) Effective October 1, 2021: I5.A Effective on or after September 30, 2023, Medicare covers ICD-10 diagnosis codes I47.10, I47.11, I47.19**

OR

- 1) One of the following ICD-10 diagnosis codes: I25.2, I25.5, I42.0, I42.6, I42.7, I42.8; paired with one of the following ICD-10 diagnosis codes: I50.21, I50.22, I50.23, I50.41, I50.42, I50.43

OR

- 2) The following ICD-10 diagnosis Code: Z76.82; paired with the following ICD-10 diagnosis code: I50.84

Note: Codes **BOLDED** indicate pacemaker diagnosis codes

D. Contractors shall process EV-ICD professional claims when submitted with CPT code 0571T, 0572T, 0573T, 0574T, 0575T, 0576T, 0577T, 0578T, 0579T, 0580T, or 0614T and submitted with the following criteria: Group 1- ICD-10 DIAGNOSIS CODES 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, Z86.74

OR, 1 of the following:

I25.2, I25.5, I42.0, I42.6, I42.7, I42.8

AND, paired with 1 of the following:

I50.21, I50.22, I50.23, I50.41, I50.42, I50.43

OR

Z76.82

AND, paired with:

I50.84

AND Z00.6 (as other diagnosis)

AND

Place of Service (POS) 19, 21, 22, 24 or 26

270.3- Messaging Type of Bill (TOB) and Place of Service (POS)
(Rev. 13483; Issued: 12-05-25; Effective: 10-20-23; Implementation: 04-06-26)

Contractors shall return as unprocessable claims for ICD services when the service is not rendered to an inpatient or outpatient of a hospital, including critical access hospitals, hospital-based outpatient clinics, Ambulatory Surgery Center (ASC), or Military facilities as indicated by institutional claims Type of Bills (TOB's) 011x, 012x, 013x, and 85x and professional claim Place of Service (POS) codes 19, 21, 22, 24 and 26 using the following messaging:

Claim Adjustment Reason Code (CARC) 58: Treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service.

Group Code CO (Contractual Obligation)

Diagnosis Coding

Contractors shall deny claims for ICD services that do not contain an appropriate diagnosis code using the following messages:

Contractors shall deny a line-item on EV-ICD claims submitted with CPT code 0571T, 0572T, 0573T, 0574T, 0575T, 0576T, 0577T, 0578T, 0579T, 0580T, or 0614T and submitted without the required Group 1 ICD-10-CM diagnosis code.

CARC 167: This (these) diagnosis(es) is (are) not covered.

RARC N386 - This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd/search.asp. If you do not have web access, you may contact the contractor to request a copy of the NCD.

Group Code CO (Contractual Obligation) or PR (Patient Responsibility) dependent on liability:

Use PR on professional claims, when the GA modifier is appended to a claim line-item CPT procedure codes 0571T, 0572T, 0573T, 0574T, 0575T, 0576T, 0577T, 0578T, 0579T, 0580T, or 0614T.

Use PR on institutional claims, when Occurrence Code 32 is present, and the GA modifier is appended to a line item with CPT procedure codes 0571T, 0572T, 0573T, 0574T, 0575T, 0576T, 0577T, 0578T, 0579T, 0580T, or 0614T

Medicare Summary Notice (MSN) 15.19: “We used a Local Coverage Determination (LCD) to decide coverage for your claim. To appeal, get a copy of the LCD at www.cms.gov/medicare-coverage-database (use the MSN Billing Code for the CPT/HCPCS Code) and send with information from your doctor.”

Spanish Version - Usamos una Determinación de Cobertura Local (LCD) para decidir la cobertura de su reclamo. Para apelar, obtenga una copia del LCD en www.cms.gov/medicare-coverage-database (use el código de facturación de MSN para el código "CPT/HCPCS") y envíela con la información de su médico.

Use PR on professional claims, when the GA modifier is appended to a line item with CPT codes 0571T, 0572T, 0573T, 0574T, 0575T, 0576T, 0577T, 0578T, 0579T, 0580T, or 0614T.

MSN 15.20: The following policies were used when we made this decision: NCD 20.4

Spanish Version – Las siguientes políticas fueron utilizadas cuando se tomó esta decisión: NCD 20.4.

NCD	20.4
NCD Title:	Implantable Cardioverter Defibrillators (ICDs)
ICM	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part1.pdf
MCD	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCID=110
ICD-10 CM	<p style="text-align: center;">Description</p> <p style="color: red; text-align: center;">CMS reserves the right to add or remove codes associated with its NCDs in order to implement those NCDs in the most efficient manner within the confines of the policy.</p> <p style="text-align: center;">Effective for outpatient institutional and professional claims (Defibrillator specific HCPCS codes; see Rules tab) DOS after 2/15/2018</p>
	Group 1 Diagnosis Codes
I42.1	Obstructive hypertrophic cardiomyopathy
I42.2	Other hypertrophic cardiomyopathy
I45.6	Pre-excitation syndrome
I45.81	Long QT syndrome
I45.89	Other specified conduction disorders
I46.2	Cardiac arrest due to underlying cardiac condition
I46.9	Cardiac arrest, cause unspecified
I47.20	Ventricular tachycardia, unspecified
I47.21	Torsades de pointes
I47.29	Other ventricular tachycardia
I49.01	Ventricular fibrillation
I49.02	Ventricular flutter
I49.3	Ventricular premature depolarization
I49.9	Cardiac arrhythmia, unspecified
I5A	Non-ischemic myocardial injury (non-traumatic)
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
T82.7XXA	Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts, initial encounter
Z00.6	Encounter for examination for normal comparison and control in clinical research program ONLY in the context of a Category B IDE trial denoted by the presence of an IDE number
Z45.02	Encounter for adjustment and management of automatic implantable cardiac defibrillator
Z86.74	Personal history of sudden cardiac arrest
	OR one of the following:
I25.2	Old myocardial infarction
I25.5	Ischemic cardiomyopathy
I42.0	Dilated cardiomyopathy
I42.6	Alcoholic cardiomyopathy
I42.7	Cardiomyopathy due to drug and external agent
I42.8	Other cardiomyopathies
	AND , paired with 1 of the following:
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
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
	OR
Z76.82	Awaiting organ transplant status
	AND , paired with:
I50.84	End stage heart failure

ICD-10 CM	Description
	Effective for outpatient institutional and professional claims that contain a procedure code from Group 2 (HCPCS defibrillator codes; see Rules tab) effective 2/15/2018
	Group 2 Diagnosis Codes
G90.01	Carotid sinus syncope
I42.1	Obstructive hypertrophic cardiomyopathy
I42.2	Other hypertrophic cardiomyopathy
I44.0	Atrioventricular block, first degree
I44.1	Atrioventricular block, second degree
I44.2	Atrioventricular block, complete
I44.30	Unspecified atrioventricular block
I44.7	Left bundle-branch block, unspecified
I45.10	Unspecified right bundle-branch block
I45.19	Other right bundle-branch block
I45.2	Bifascicular block
I45.3	Trifascicular block
I45.6	Pre-excitation syndrome
I45.81	Long QT syndrome
I45.89	Other specified conduction disorders
I46.2	Cardiac arrest due to underlying cardiac condition
I46.9	Cardiac arrest, cause unspecified
I47.10	Supraventricular tachycardia, unspecified
I47.11	Inappropriate sinus tachycardia, so stated
I47.19	Other supraventricular tachycardia
I47.20	Ventricular tachycardia, unspecified
I47.21	Torsades de pointes
I47.29	Other ventricular tachycardia
I47.9	Paroxysmal tachycardia, unspecified
I48.11	Longstanding persistent atrial fibrillation
I48.19	Other persistent atrial fibrillation
I48.3	Typical atrial flutter
I48.4	Atypical atrial flutter
I48.91	Unspecified atrial fibrillation
I48.92	Unspecified atrial flutter
I49.01	Ventricular fibrillation
I49.02	Ventricular flutter
I49.3	Ventricular premature depolarization
I49.5	Sick sinus syndrome
I49.9	Cardiac arrhythmia, unspecified
IS4	Non-ischemic myocardial injury (non-traumatic)
Q24.6	Congenital heart block
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
T82.7XXA	Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts, initial encounter
Z00.6	Encounter for examination for normal comparison and control in clinical research program ONLY in the context of a Category B IDE trial denoted by the presence of an IDE number
Z45.02	Encounter for adjustment and management of automatic implantable cardiac defibrillator
Z86.74	Personal history of sudden cardiac arrest

ICD-10 CM	Description
	OR
I25.2	Old myocardial infarction
I25.5	Ischemic cardiomyopathy
I42.0	Dilated cardiomyopathy
I42.6	Alcoholic cardiomyopathy
I42.7	Cardiomyopathy due to drug and external agent
I42.8	Other cardiomyopathies
	AND paired with:
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
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
	OR
Z76.82	Awaiting organ transplant status
	AND paired with:
I50.84	End stage heart failure
Note:	G90.01, I44.0, I44.1, I44.2, I44.30, I44.7, I45.10, I45.19, I45.2, I45.3, I47.9, I47.10, I47.11, I47.19, I48.3, I48.4, I48.91, I48.92, I49.5 and Q24.6 indicate pacemaker diagnosis codes
Please see the ICD Procedure tab for IP institutional diagnosis codes	

ICD-10 PCS	Description
CMS reserves the right to add or remove codes associated with its NCDs in order to implement those NCDs in the most efficient manner within the confines of the policy.	
Effective for ICD inpatient institutional claims dates of service on or after February 15, 2018	
OJH608Z	Insertion of Defibrillator Generator into Chest Subcutaneous Tissue and Fascia, Open Approach
OJH609Z	Insertion of Cardiac Resynchronization Defibrillator Pulse Generator into Chest Subcutaneous Tissue and Fascia, Open Approach
OJH638Z	Insertion of Defibrillator Generator into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
OJH639Z	Insertion of Cardiac Resynchronization Defibrillator Pulse Generator into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
OJH808Z	Insertion of Defibrillator Generator into Abdomen Subcutaneous Tissue and Fascia, Open Approach
OJH809Z	Insertion of Cardiac Resynchronization Defibrillator Pulse Generator into Abdomen Subcutaneous Tissue and Fascia, Open Approach
OJH838Z	Insertion of Defibrillator Generator into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
OJH839Z	Insertion of Cardiac Resynchronization Defibrillator Pulse Generator into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
O2H43KZ	Insertion of Defibrillator Lead into Coronary Vein, Percutaneous Approach
O2H60KZ	Insertion of Defibrillator Lead into Right Atrium, Open Approach
O2H63KZ	Insertion of Defibrillator Lead into Right Atrium, Percutaneous Approach
O2H64KZ	Insertion of Defibrillator Lead into Right Atrium, Percutaneous Endoscopic Approach
O2H70KZ	Insertion of Defibrillator Lead into Left Atrium, Open Approach
O2H73KZ	Insertion of Defibrillator Lead into Left Atrium, Percutaneous Approach
O2H74KZ	Insertion of Defibrillator Lead into Left Atrium, Percutaneous Endoscopic Approach
O2H90KZ	Insertion of Defibrillator Lead into Right Ventricle, Open Approach
O2H93KZ	Insertion of Defibrillator Lead into Right Ventricle, Percutaneous Approach
O2H94KZ	Insertion of Defibrillator Lead into Right Ventricle, Percutaneous Endoscopic Approach
O2H90KZ	Insertion of Defibrillator Lead into Left Ventricle, Open Approach
O2H93KZ	Insertion of Defibrillator Lead into Left Ventricle, Percutaneous Approach
O2H94KZ	Insertion of Defibrillator Lead into Left Ventricle, Percutaneous Endoscopic Approach
OJH60FZ	Insertion of Subcutaneous Defibrillator Lead into Chest Subcutaneous Tissue and Fascia, Open Approach
OJH63FZ	Insertion of Subcutaneous Defibrillator Lead into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
OWHCOGZ	Insertion of Defibrillator Lead into Mediastinum, Open Approach
OWHC3GZ	Insertion of Defibrillator Lead into Mediastinum, Percutaneous Approach
OWHC4GZ	Insertion of Defibrillator Lead into Mediastinum, Percutaneous Endoscopic Approach
OWPC0GZ	Removal of Defibrillator Lead from Mediastinum, Open Approach
OWPC3GZ	Removal of Defibrillator Lead from Mediastinum, Percutaneous Approach
OWPC4GZ	Removal of Defibrillator Lead from Mediastinum, Percutaneous Endoscopic Approach
OWPCXGZ	Removal of Defibrillator Lead from Mediastinum, External Approach
OWWC0GZ	Revision of Defibrillator Lead in Mediastinum, Open Approach
OWWC3GZ	Revision of Defibrillator Lead in Mediastinum, Percutaneous Approach
OWWC4GZ	Revision of Defibrillator Lead in Mediastinum, Percutaneous Endoscopic Approach
OWWCXGZ	Revision of Defibrillator Lead in Mediastinum, External Approach
AND ICD 10 DX codes:	
I42.1	Obstructive hypertrophic cardiomyopathy
I42.2	Other hypertrophic cardiomyopathy
I45.6	Pre-excitation syndrome
I45.81	Long QT syndrome
I45.89	Other specified conduction disorders
I46.2	Cardiac arrest due to underlying cardiac condition
I46.9	Cardiac arrest, cause unspecified
I47.20	Ventricular tachycardia, unspecified
I47.21	Torsades de pointes
I47.29	Other ventricular tachycardia
I49.01	Ventricular fibrillation
I49.02	Ventricular flutter
I49.3	Ventricular premature depolarization
I49.9	Cardiac arrhythmia, unspecified
Z45.02	Encounter for adjustment and management of automatic implantable cardiac Defibrillator
Z86.74	Personal history of sudden cardiac arrest
OR	
I25.2	Old myocardial infarction
I25.5	Ischemic cardiomyopathy
AND	
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure

ICD-10 PCS	Description
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
	OR
I42.0	Dilated cardiomyopathy
I42.6	Alcoholic cardiomyopathy
I42.7	Cardiomyopathy due to drug and external agent
I42.8	Other cardiomyopathies
	AND
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
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
	OR
Z76.82	Awaiting organ transplant status
	AND
I50.84	End stage heart failure
	OR
Z00.6	Encounter for examination for normal comparison and control in clinical research program ONLY in the context of a Category B IDE trial denoted by the presence of an IDE number

NCD 20.4										
NCD Title		Implantable Cardioverter Defibrillators (ICDs) (CR8197, CR9631, CR10865, CR12104, CR12399, CR12480, CR12606, CR12960, CR13070, CR13390, CR14253)								
IOM		http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part1.pdf								
MCD		https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCId=110								
Transmittal		https://www.cms.gov/files/document/R10635CP.pdf								
Part A	Rule Description Part A	Proposed HCPCS/CPT Part A	Frequency Limitations	TOB (Part A)	Revenue Code Part A	Modifier Part A	Provider Specialty	Proposed MSN Message Part A	Proposed CARC Message Part A	Proposed RARC Message Part A
Part A	Effective DOS 2/15/18, coverage policy is no longer contingent on participation in a trial/study/registry. Therefore, claims with DOS on or after 2/15/18, no longer require trial related coding unless they are associated with a Category B IDE trial, in which case ICD-10 dx Z00.6 must be appended to the claim.						Q0			
Part A	A/MAC, FISS: For outpatient and professional claims with DOS on or after 2/15/18, contractors shall accept and pay outpatient and professional ICD services that meet the coverage criteria outlined in NCD 20.4. CPT codes 0571T, 0572T, 0573T, 0574T, 0575T, 0576T, 0577T, 0578T, 0579T, 0580T, 0614T as payable under Group 1 effective 10/20/23.	Group 1: 0571T, 0572T, 0573T, 0574T, 0575T, 0576T, 0577T, 0578T, 0579T, 0580T, 0614T 33223, 33230, 33231, 33240, 33241, 33243, 33244, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, G0448 Group 2: 33202, 33203, 33215, 33216, 33217, 33218, 33220, 33224,								
Part A	A/MAC, FISS: Effective for ICD inpatient institutional claims TOB 11x with DOS on or after 2/15/18, contractors shall edit claims to meet one (1) of the following criteria: see ICD dx and procedure tabs.						11X			
Part A	A/IMACs: Contractors shall return to provider claims for ICD services when the service is not rendered to an inpatient or outpatient of a hospital, including critical access hospitals, hospital-based outpatient clinics, Ambulatory Surgery Centers or Military facilities as indicated by institutional claims TOB's 11x, 12x, 13x, and 85X using the				11X 12X 13X 85X					
Part A	A/IMACs: Contractors shall deny claims for ICD services that do not contain an appropriate dx code from CR 12104.2, 3, and 4 using the following messages:							15.20	167	N386

NCD 20.4 NCD Title Implantable Cardioverter Defibrillators (ICDs) (CR8197, CR9631, CR10865, CR12104, CR12399, CR12480, CR12606, CR12960, CR13070, CR13390, CR14253) IOM http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part1.pdf MCD https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCId=110 Transmittal https://www.cms.gov/files/document/R10635CP.pdf										
Part B	Rule Description Part B	Proposed HCPCS/CPT Part B	Frequency Limitations	POS (Part B)	n/a	Modifier Part B	Provider Specialty	Proposed MSN Message Part B	Proposed CARC Message Part B	Proposed RARC Message Part B
Part B	Effective DOS 2/15/18, coverage policy is no longer contingent on participation in a trial/study/registry. Therefore, claims with DOS on an after 2/15/18, no longer require trial/related coding unless they are associated with a Category B IDE trial, in which case ICD-10 dx Z00.6 must be appended to the claim.					Q0				
Part B	B/MAC, MCS (118L): For outpatient and professional claims with DOS on or after 2/15/18, contractors shall accept and pay outpatient and professional ICD services that meet the coverage criteria outlined in NCD 20.4. C codes only payable in ASC setting. CPT codes 0571T, 0572T, 0573T, 0574T, 0575T, 0576T, 0577T, 0578T, 0579T, 0580T, 0614T 33223, 33230, 33231, 33240, 33241, 33243, 33244, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, G0448 Group 2: 33202, 33203, 33215, 33216, 33217, 33218, 33220, 33224, 33225, C7537 C7538, C7539									
Part B	B/MACs: Contractors shall return as unprocessable claims for ICD services when the service is not rendered to an inpatient or outpatient of a hospital, including critical access hospitals, hospital-based outpatient clinics, Ambulatory Surgery Centers, or Military facilities as indicated by professional claims (POS) codes 19, 21, 22, 24, 26 using the following messages:			19 21 22 24 26						
Part B	B/MACs: Contractors shall deny claims for ICD services that do not contain an appropriate dx code from CR 12104.2, 3, and 4 using the following messages:							15.20	167	N386
Revision History <p>CR9631: Remove dx and procedure codes. Revise/clarify rule description. Clarify implementation is at sole discretion of the MACs until further notice from CMS. Update CORE messaging.</p> <p>CR10865: Implement MAC edits. CR12104: Implement shared edits. CR12399: POS 24 added. Spreadsheet updated to comport with CR 12104 shared edits. No further actions necessary CR12480: Add ICD-10 dx I5A to Groups 1 and 2 effective 10/1/21. CR12606: Corrected 7 incorrect ICD-10 dx descriptors on procedure tab, 1 incorrect dx code on dx tab. Replaced note on dx tab removed in error. CR12960: Expanded ICD-10 dx I47.2 to I47.20, I47.21, and I47.29 effective 10/1/2022. MCS 036L CR13070: Add 4 HCPCS codes C7537, C7538, C7539, C7540 as payable under Group 2 only in the ASC setting, effective 1/1/23. (MCS 118L) Add -Q0 modifier to rows C7 and C14 for Category B IDE trials retroactive to 2/15/2018 policy erroneously omitted.</p> <p>CR13390: End date ICD-10 dx I47.1 from Group 2 effective 9/30/2023. Add ICD-10 dx I47.10, I47.11, I47.19 to Group 2 effective 10/1/2023. Add ICD-10 PCS 0WHC0GZ, 0WHC3GZ, 0WHC4GZ, 0WPC0GZ, 0WPC3GZ, 0WPC4GZ, 0WPCXGZ, 0WWC0GZ, 0WWC3GZ, 0WWC4GZ, 0WWCXGZ effective 10/1/2023. FISS 59299/59300, 59301/59302, MCS 036L</p> <p>CR14253: Add CPT codes 0571T, 0572T, 0573T, 0574T, 0575T, 0576T, 0577T, 0578T, 0579T, 0580T, 0614T as payable under Group 1 effective 10/20/23.</p>										