

Medicare Wearable Defibrillator Coverage Policy

Wearable Defibrillators (K0606) are covered as an alternative to implanted defibrillators when criteria specified in the Automatic External Defibrillator Local Coverage Determination (LCD) are met. A wearable defibrillator is covered for patients if they meet one of the criteria 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 (ICD-10 I47.0, I47.2, I49.01, I49.02); or
2. Familial or inherited conditions with a high risk of life-threatening ventricular tachyarrhythmia's such as long QT syndrome (ICD-10 I45.81) or hypertrophic cardiomyopathy (ICD-10 I42.1, I42.2); or
3. Either documented prior myocardial infarction (ICD-10 I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I25.2) or dilated cardiomyopathy (ICD-10 I42.0) and a measured left ventricular ejection fraction less than or equal to 0.35; or
4. A previously implanted defibrillator now requires explantation due to mechanical complication (ICD-10 T82.110A, T82.111A, T82.118A, T82.119A, T82.120A, T82.121A, T82.128A, T82.129A, T82.190A, T82.191A, T82.198A, T82.199A) or infection (ICD10 T82.6XXA, T82.7XXA).