

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201628 MAY 31, 2016

IHCP to cover subcutaneous implantable cardioverter defibrillators

The Indiana Health Coverage Programs (IHCP) currently covers implantable cardioverter defibrillator devices. Effective July 1, 2016, the IHCP will add coverage for subcutaneous implantable cardioverter defibrillators (S-ICDs). The Current Procedural Terminology (CPT®¹) codes covered for implantation of S-ICDs are included in Table 1. Coverage applies to all IHCP programs, subject to limitations established for certain benefit packages. Coverage applies to dates of service (DOS) on or after July 1, 2016.

The following information applies for reimbursement:

Pricing: Resource-based relative value scale (RBRVS).

Prior authorization (PA): PA is required for the S-ICD device.

Billing guidance: Standard billing guidelines apply. See the [Claim Submission and Processing](#) provider reference module and the [Surgical Services](#) provider reference module on the *Provider Reference Materials* page at indianamedicaid.com.

Table 1 – Covered CPT codes for implantation of S-ICDs effective for DOS on or after July 1, 2016

Procedure Code	Description
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed
33271	Insertion of subcutaneous implantable defibrillator electrode
33272	Removal of subcutaneous implantable defibrillator electrode
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode
93260	Programming device evaluation (in person) 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; implantable subcutaneous lead defibrillator system
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)

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The devices covered for subcutaneous implantation are:

- C1722 – *Cardioverter-defibrillator, single chamber (implantable)*
- C1896 – *Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)*

The IHCP reimburses the cost of the listed implantable cardioverter defibrillator devices separately from reimbursement for the implantation procedures when the implantation is performed in an outpatient surgical setting. All current policies related to covered and noncovered indications and PA criteria for these devices apply as outlined in the [Medical Policy Manual](#). Current billing guidance for these devices applies.



These changes will be reflected in the next monthly update to the [Surgical Services](#) code table on the *Code Sets* web page and [Fee Schedule](#) at indianamedicaid.com. Reimbursement, PA, and billing information apply to services delivered under the fee-for-service (FFS) delivery system. Questions about FFS PA should be directed to Cooperative Managed Care Services (CMCS) at 1-800-269-5720. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing criteria within the managed care delivery system. Questions about managed care PA should be directed to the MCE with which the member is enrolled.

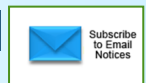
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