



## External Defibrillators

<b>LOB(s):</b> <input checked="" type="checkbox"/> Commercial  <input checked="" type="checkbox"/> Medicare	<b>State(s):</b> <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other:
<input checked="" type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> Oregon

## Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

## Background

Cardiovascular mortality as a consequence of ventricular fibrillation (VF) or ventricular tachycardia (VT) continues to be a major health problem despite advances in the overall management of cardiovascular disease. Various therapeutic options include anti-arrhythmic drugs, radiofrequency or surgical ablation of VT focus, wearable cardioverter-defibrillator (WCD), or implantable cardioverter-defibrillators (ICDs). ICDs are the preferred therapy to prevent sudden cardiac death in individuals at meaningful risk of ventricle arrhythmias.

When an ICD placement or wearable cardioverter-defibrillator (WCD) options are contraindicated or impractical, a home Automated external defibrillators (AED) may be utilized as an alternative or bridge option.

Home automated external defibrillators (AED) are portable devices designed to recognize and treat shockable cardiac rhythms and are intended for use by minimally trained individuals in emergency situations. The use of AEDs in this context does not replace definitive therapy and is intended only for carefully selected cases based on specialist evaluation and documented medical necessity.

## Criteria

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### Commercial

**Prior authorization is required.**

#### I. Wearable Cardioverter-Defibrillator (WCD)

PacificSource considers a home wearable cardioverter-defibrillator (WCD) medically necessary when MCG criteria ACG: A-0566 (AC) is met.

#### II. At Home Automated External Defibrillator (AED)

PacificSource considers a at home Automated External Defibrillator (AED) medically necessary when **ALL** of the following criteria are met:

- A. A cardiologist or electrophysiologist have documented the following:
  1. The member has an increased risk of sudden cardiac arrest due to ventricular arrhythmia
  2. Implantable Cardioverter Defibrillator (ICD) therapy is clinically indicated but is contraindicated, not tolerated, or temporarily not feasible
  3. The member is not an appropriate candidate for a wearable cardioverter-defibrillator (WCD) due to clinical, anatomical, functional, or adherence-related limitations
  4. The AED is intended for home use as an alternative or interim option and does not replace definitive therapy
  5. Medical necessity is supported by specialist documentation

### Medicaid

PacificSource Community Solutions follows the hierarchal process in the “Clinical Criteria Used in UM Decisions” policy in conjunction with utilizing OHP’s Ancillary Services Code Group 6060 for coverage for Automated External Defibrillators (AEDs). PCS covers ancillary services when medically necessary and appropriate to provide a funded service; or if providing the ancillary service would enable the member to retain or attain the capability for independence or self-care as described in Covered Services OAR 410-141-3820. Coverage of ancillary services is subject to any applicable Ancillary Guidelines on the Prioritized List and the limitations and exclusions outlined in OARs 410-141-3825 and 410-120-1200.

PacificSource Community Solutions (PCS) follows the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage requirements in OAR 410-151-0000 through 410-151-0003 for EPSDT beneficiaries. Relevant coverage guidance may be used to assist in informing a determination of medical necessity and medical appropriateness during the individual case review. A case-by-case review for EPSDT Medical Necessity and EPSDT Medical Appropriateness as defined in OAR 410-151-0001 is required prior to denying. Refer to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) policy for details.

### Medicare

PacificSource Medicare follows Local Coverage Determination L33690 for Automated External Defibrillators (AEDs).

## Experimental/Investigational/Unproven

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PacificSource considers AED's to be experimental, investigational and/or unproven for all other indications.

## Coding Information

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The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

E0617 External defibrillator with integrated electrocardiogram analysis

K0606 Automatic external defibrillator, with integrated electrocardiogram analysis, garment type

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HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

## Related Policies

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Clinical Criteria Used in UM Decisions

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

## References

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Agarwal, M., Narcisse, D., Khouzam, N., & Khouzam, R. N. (2018). Wearable Cardioverter Defibrillator "The Lifevest": Device Design, Limitations, and Areas of Improvement. *Current problems in cardiology*, 43(2), 45–55. <https://doi.org/10.1016/j.cpcardiol.2017.04.002>

Al-Khatib, S. M., Stevenson, W. G., Ackerman, M. J., Bryant, W. J., Callans, D. J., Curtis, A. B., Deal, B. J., Dickfeld, T., Field, M. E., Fonarow, G. C., Gillis, A. M., Granger, C. B., Hammill, S. C., Hlatky, M. A., Joglar, J. A., Kay, G. N., Matlock, D. D., Myerburg, R. J., & Page, R. L. (2018). 2017 AHA/ACC/HRS Guideline for Management of Patients With Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society. *Journal of the American College of Cardiology*, 72(14), e91–e220. <https://doi.org/10.1016/j.jacc.2017.10.054>

Bardy, G. H., Lee, K. L., Mark, D. B., Poole, J. E., Toff, W. D., Tonkin, A. M., Smith, W., Dorian, P., Packer, D. L., White, R. D., Longstreth, W. T., Jr, Anderson, J., Johnson, G., Bischoff, E., Yallop, J. J., McNulty, S., Ray, L. D., Clapp-Channing, N. E., Rosenberg, Y., Schron, E. B., ... HAT Investigators (2008). Home use of automated external defibrillators for sudden cardiac arrest. *The New England journal of medicine*, 358(17), 1793–1804. <https://doi.org/10.1056/NEJMoa0801651>

Balaji, S., Atkins, D. L., Berger, S., Etheridge, S. P., Shah, M. J., & Pediatric and Congenital Electrophysiology Society (PACES) (2022). The Case for Home AED in Children, Adolescents, and Young Adults Not Meeting Criteria for ICD. *JACC. Clinical electrophysiology*, 8(9), 1165–1172. <https://doi.org/10.1016/j.jacep.2022.07.020>

Berul C. I. (2009). Implantable cardioverter defibrillator criteria for primary and secondary prevention of pediatric sudden cardiac death. *Pacing and clinical electrophysiology : PACE*, 32 Suppl 2, S67–S70. <https://doi.org/10.1111/j.1540-8159.2009.02388.x>

Centers for Medicare and Medicaid (CMS). Article: Automatic External Defibrillators (A52458).

Centers for Medicare and Medicaid (CMS). Local Coverage Determination (LCD): Automatic External Defibrillators (L33690).

Collins, K. K., Silva, J. N., Rhee, E. K., & Schaffer, M. S. (2010). Use of a wearable automated defibrillator in children compared to young adults. *Pacing and clinical electrophysiology : PACE*, 33(9), 1119–1124. <https://doi.org/10.1111/j.1540-8159.2010.02819.x>

Lai, M., Cheung, C. C., Olgin, J., Pletcher, M., Vittinghoff, E., Lin, F., Hue, T., & Lee, B. K. (2023). Risk Factors for Arrhythmic Death, Overall Mortality, and Ventricular Tachyarrhythmias Requiring Shock After Myocardial Infarction. *The American journal of cardiology*, 187, 18–25. <https://doi.org/10.1016/j.amjcard.2022.10.009>

MCG Ambulatory Care, Cardioverter-Defibrillator, Wearable ACG: A-0566 (AC).

Marengo, J. P., Wang, P. J., Link, M. S., Homoud, M. K., & Estes, N. A., 3rd (2001). Improving survival from sudden cardiac arrest: the role of the automated external defibrillator. *JAMA*, 285(9), 1193–1200. <https://doi.org/10.1001/jama.285.9.1193>

McLeod, K. A., Fern, E., Clements, F., & McGowan, R. (2017). Prescribing an automated external defibrillator for children at increased risk of sudden arrhythmic death. *Cardiology in the young*, 27(7), 1271–1279. <https://doi.org/10.1017/S1047951117000026>

Oregon Health Authority. Oregon Administrative Rules (OARs). Health Systems: Medical Assistance Programs – Chapter 410. <https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=87>

Sharieff, W., & Kaulback, K. (2007). Assessing automated external defibrillators in preventing deaths from sudden cardiac arrest: an economic evaluation. *International journal of technology assessment in health care*, 23(3), 362–367. <https://doi.org/10.1017/s0266462307070523>

## Appendix

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**Policy Number:**

**Effective:** 7/1/2024

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**Policy type:** Enterprise

**Author(s):**

**Depts.:** Health Services

**Applicable regulation(s):** 42 CFR § 422.101(b)-(c); OARs 410-120-1200, 410-122-0080, 410-141-3820, 410-141-3825, 410-151-0001, 410-151-0002, and 410-151-0003

**OPs Approval:** 3/2026