

OHCA Guideline

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| Medical Procedure Class: | Automated External Defibrillator (AED) |
| Initial Implementation Date: | 7/18/2014 |
| Last Review Date: | 6/3/2022 |
| Effective Date: | 6/3/2022 |
| Next Review/Revision Date: | June 2025 |
| * This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit. | |
| <input type="checkbox"/> New Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria | |
| Summary | |
| Purpose: | To provide guidelines to assure medical necessity and consistency in the prior authorization process. |
| Definitions | |
| <p>Cardiac defibrillator – a device that shocks the heart back into a normal rhythm to prevent sudden cardiac arrest.</p> <p>Implantable cardiac defibrillator (ICD) – a cardiac defibrillator that is implanted into the patient’s chest; is used to detect dangerously fast heartbeats and give a lifesaving shock to correct the heart’s rhythm.</p> <p>Sudden cardiac arrest – when the heart suddenly stops beating; can cause death within minutes if not treated.</p> | |
| Description | |
| An automated external defibrillator (AED) is a compact, portable device that is used to deliver an electrical shock to a victim of sudden cardiac arrest. | |
| CPT Codes Covered Requiring Prior Authorization (PA) | |
| E0617 (See HCPCS manual for code definitions) | |
| Approval Criteria | |
| <p>An automatic external defibrillator will be considered medically necessary when</p> <ol style="list-style-type: none"> 1. A caregiver will be present in the home and is capable of operating the cardioverter defibrillator; AND 2. Patients meet <u>EITHER</u>: <ol style="list-style-type: none"> (1) BOTH criteria A and B <u>OR</u> (2) criteria C, described below: <ol style="list-style-type: none"> A. The patient has one of the following conditions (1-8): <ol style="list-style-type: none"> i. A documented episode of cardiac arrest due to ventricular fibrillation, not due to a transient or reversible cause; <u>OR</u> ii. A sustained, lasting 30 seconds or longer, ventricular tachyarrhythmia, either spontaneous or induced during an electrophysiologic (EP) study, not associated with acute myocardial infarction, and not due to a transient or reversible cause; <u>OR</u> | |

- iii. Familial or inherited conditions with a high risk of life-threatening ventricular tachyarrhythmias such as long QT syndrome or hypertrophic cardiomyopathy; **OR**
- iv. Coronary artery disease with a documented prior myocardial infarction with a measured left ventricular ejection fraction less than or equal to 0.35, and inducible, sustained ventricular tachycardia (VT) or ventricular fibrillation (VF) during an EP study. To meet these criteria:
 - 1. The myocardial infarction must have occurred more than 4 weeks prior to the external defibrillator prescription; and,
 - 2. The EP test must have been performed more than 4 weeks after the qualifying myocardial infarction; **OR**
- v. Documented prior myocardial infarction and a measured left ventricular ejection fraction less than or equal to 0.30. **PATIENTS MUST NOT HAVE:**
 - 1. Cardiogenic shock or symptomatic hypotension while in a stable baseline rhythm; or,
 - 2. Had a coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) within past 3 months; or,
 - 3. Had an enzyme-positive MI within past month; or,
 - 4. Clinical symptoms or findings that would make them a candidate for coronary revascularization; or,
 - 5. Irreversible brain damage from preexisting cerebral disease; or,
 - 6. Any disease, other than cardiac disease (e.g. cancer, uremia, liver failure), associated with a likelihood of survival less than one year;
 - 7. Supraventricular tachycardia such as atrial fibrillation with a poorly controlled ventricular rate; **OR**
- vi. Patients with ischemic dilated cardiomyopathy (IDCM), documented prior myocardial infarction (MI), New York Heart Association (NYHA) Class II and III heart failure, and measured left ventricular ejection fraction (LVEF) $\leq 35\%$; **OR**
- vii. Patients with nonischemic dilated cardiomyopathy (NIDCM) > 3 months, NYHA Class II and III heart failure, measured LVEF $\leq 35\%$ after reversible causes have been excluded, and the response to optimal medical therapy, defined as 3 months of maximally titrated doses as tolerated of an ACE inhibitor, beta-blocker, and diuretic, has been adequately determined; **OR**
- viii. Patients who meet one of the previous criteria (1-7) and have NYHA Class IV heart failure; **AND**

B. ICD implantation surgery is contraindicated; **OR**

C. A previously implanted defibrillator now requires explantation.

Documentation Requirements

A request for prior authorization must be submitted with the following documentation:

- 1. A letter or progress note from the treating SoonerCare contracted Cardiologist indicating need and reason for patient to have AED; **AND**
- 2. A report of recent LVEF within 60 days; **AND**
- 3. Estimated length of time patient will need AED; **AND**
- 4. Plan of treatment for ischemia, congestive heart failure or arrhythmias, and plan for repeat evaluation; **AND**
- 5. Documentation outlining why implantable cardioverter-defibrillator (ICD) implantation surgery is contraindicated; **AND**

6. Documentation indicating the Cardiologist has discussed in detail with the patient and caregiver about need for AED, plan of follow up, repeat evaluation, etc., and patient agrees to comply.
7. A request for extension of authorization for AED beyond the initial three-month period must be accompanied by all of the following:
 - Report of repeated echocardiogram within 60 days indicating ejection fraction is \leq 35%; **AND**
 - Report of any additional diagnostic testing or procedures that support continuing medical necessity; **AND**
 - Medical reason for extension; **AND**
 - Length of extension; **AND**
 - Any future plans for treatment.

Additional Information

No prior authorization is required for ICD placement.

Authorization for Wearable Cardio Defibrillator is through InterQual.

References

1. Oklahoma Health Care Authority Policies and Rules; OAC 317:30-3-1
2. CMS NCD 20.4 Implantable Cardiac Defibrillators (ICDs)
3. CMS LCD L33690 Automatic External Defibrillators, effective 1/1/2020
4. CGS Administrators, LLC; LCD L33690; Automatic External Defibrillators, effective 1/1/2020
5. MODA Health Medical Necessity Criteria, Cardiac Defibrillators External, effective 1/1/2021
6. Cigna, Medical Coverage Policy; Wearable Cardioverter Defibrillator and Automatic External Defibrillator, coverage policy # 0431, effective 5/15/2022